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# TIME

## Best Actress



Why it's  
Kate Winslet

BY MARK HARRIS



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# REINVENTING AWARENESS.

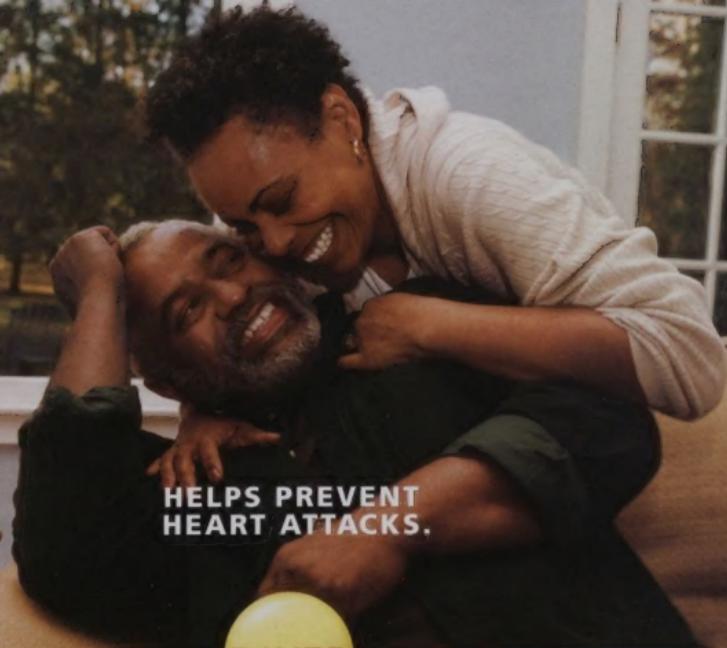
The new Lexus RX has unparalleled powers of observation. Available Dynamic Radar Cruise Control detects when the car traveling in front gets too close and automatically slows you to maintain your following distance. When an accident cannot be avoided, the available Pre-Collision System<sup>1</sup> activates to help reduce collision damage. The available VDIM<sup>2</sup> system can help sense and respond to skids before they even happen. And as for you, the available Heads-up Display helps keep your eyes focused on the road so that no detail will escape your notice. A wide range of technology, all carefully designed to meet the needs of the driver. REINVENTING THE VEHICLE THAT INVENTED IT ALL.



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Aspirin is not appropriate for everyone, so be sure to talk to your doctor before you begin an aspirin regimen.

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# 10 Questions. The *Slumdog Millionaire* director shares his Mumbai tales. **Danny Boyle** will now take your questions



## Next Questions

Ask Van Morrison your questions for an upcoming interview at [time.com/10questions](http://time.com/10questions)

Are you surprised by the movie's reception?

Armaan Uplekar

WEST PALM BEACH, FLA.

Astonished—not just surprised—by the way it has been received, in America especially. I think it's the core values of the film, the underdog who can come out of nowhere and with nothing, and against all the odds he can succeed. And it's a love story in the end, of course. I think all of us want to believe in that story.

Some call *Slumdog* a British film. Some call it an Indian production. What do you say?

Prashant Yelsangi, MUMBAI

It is a Bollywood film in the sense that virtually all the cast and crew are from Bollywood. It's directed by a Brit and adapted by a Brit, from an Indian novel. So it feels like a hybrid of good things working together.

Did you imagine it would spark so much controversy in India?

Tomi Obaro, CHICAGO

I was expecting a full-on response because it's a very passionate place. I know some people don't like the film for very complicated reasons, and some people adore it for very simple reasons. I'm very, very proud to have achieved that.

You seem to gravitate toward projects that redefine what a genre movie can be. What's the key to shaking things up as a filmmaker?

Ryan McClellan, DETROIT

I have this theory that your first film is always your best film in some way. I always try to get back to that mo-



*Be kind, for everyone you meet is fighting a hard battle!* —DANNY BOYLE

ment when you're not relying on things you've done before.

Are there any movies that your fans might be surprised to find out that you enjoy? Any guilty pleasures?

Tom Sexton, WHITESBURG, KY. My guilty pleasure this year was *Tropic Thunder*, which I thought was hilarious and brilliant. I love big action movies. I was just watching *Die Hard 3* with my kids, which I've seen a ridiculous number of times. Thoroughly, thoroughly enjoyed it.

How was working with a mainly Indian cast? Any culture clash?

Arvinder Singh Walia, KOLKATA The love of movies is endemic in that country, and it means that everyone's doing loads

of films at the same time, so working out their diaries is a nightmare. But the confidence they have because they are so busy taught me how important confidence is to actors, to the risks they'll take with you.

Why did you pick Dev Patel, who was raised in the U.K., to play the lead? Why didn't you reach out to a Mumbai lad?

Sree Reddy, PITTSBURGH, PA. We did. I saw a lot of very talented guys, and the problem I had is that they all looked like heroes-in-waiting. I wanted somebody who looked like a loser. My daughter said, "You want a loser? You should see this guy in this TV show *Skins* in the U.K." We auditioned him a few times, and he earned the right to play the part.

What is your response to the claims that you are romanticizing poverty in India?

Emily Gillespie, EUGENE, ORE. People we worked with in the slums said, "You're not going to show us as being poor, are you? Because that's what Westerners always do." I tried to make the film with a kind of energy that reflects what the place is like, that it has a vitality despite its poverty.

What do you think can be done to improve the conditions of slum children?

Balam Adiga, SINGAPORE

I'm not a politician. There are many people working to improve their lives. The answer will come from India. It's an absolutely extraordinary nation that is charging through the 21st century, and I think they will address their own issues.

What is up with the graphic toilet scenes in your movies?

Christine Jensen

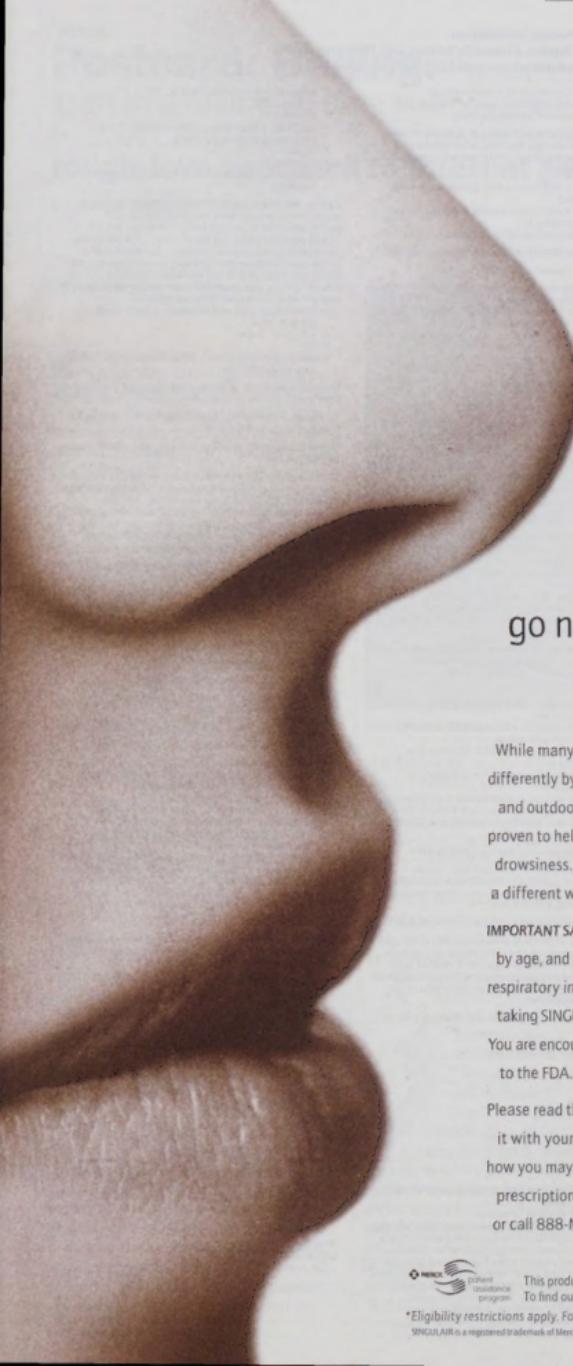
SCOTTSDALE, ARIZ.

I know—it's weird, isn't it? I blame my British upbringing. There is a fantastic scene in *Trainspotting* where a character disappears down the toilet. And when we came to do this scene in *Slumdog*, I remembered thinking, We can't do that—it's exactly the same as *Trainspotting*! But it's such an extraordinary scene because all his character is right in that moment. Obviously, it's a big audience favorite.



VIDEO AT TIME.COM

To watch a video interview with Danny Boyle and to subscribe to the 10 Questions podcast on iTunes, go to [time.com/10questions](http://time.com/10questions)



## go nose to nose with allergies.

While many allergy medicines block histamine, SINGULAIR works differently by blocking leukotrienes, an underlying cause of indoor and outdoor allergy symptoms. One SINGULAIR once a day is proven to help relieve nasal allergy symptoms – without causing drowsiness. Ask your doctor about prescription SINGULAIR, a different way to treat allergies.



**IMPORTANT SAFETY INFORMATION:** Side effects are generally mild and vary by age, and may include headache, ear infection, sore throat, and upper respiratory infection. Side effects generally did not stop patients from taking SINGULAIR. Check with your doctor if you are pregnant or nursing. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.

Please read the Patient Information on the adjacent page and discuss it with your doctor. To learn more about SINGULAIR and how you may be able to save on your next prescription,\* visit [singulair.com](http://singulair.com) or call 888-MERCK-95.

ONCE-A-DAY

**SINGULAIR**  
(Montelukast Sodium)

a different way to treat allergies



This product is available through the Merck Patient Assistance Program. To find out if you qualify, call 888-MERCK-95.

\*Eligibility restrictions apply. For details and full Terms and Conditions, visit [singulair.com/allergy](http://singulair.com/allergy).

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**Patient Information**  
**SINGULAIR® (SING-u-lair) Tablets, Chewable Tablets, and Oral Granules**  
**Generic name: montelukast (mon-te-LOO-kast) sodium**

Read this information before you start taking SINGULAIR®. Also, read the leaflet you get each time you refill SINGULAIR, since there may be new information in the leaflet since the last time you saw it. This leaflet does not take the place of talking with your doctor about your medical condition and/or your treatment.

**What is SINGULAIR?**

- SINGULAIR is a medicine called a leukotriene receptor antagonist. It works by blocking substances in the body called leukotrienes. Blockers of leukotrienes are used to treat asthma and allergic rhinitis. SINGULAIR is not a steroid. Studies have shown that SINGULAIR does not affect the growth rate of children. (See the end of this leaflet for more information about asthma and allergic rhinitis.)

SINGULAIR is prescribed for the treatment of asthma, the prevention of exercise-induced asthma, and allergic rhinitis:

**1. Asthma:**

SINGULAIR should be used for the long-term management of asthma in adults and children ages 12 months and older.

**Do not take SINGULAIR for the immediate relief of an asthma attack.** If you get an asthma attack, you should follow the instructions your doctor gave you for treating asthma attacks.

**2. Prevention of exercise-induced asthma.**

SINGULAIR is used for the prevention of exercise-induced asthma in patients 15 years of age and older.

**3. Allergic Rhinitis:**

SINGULAIR is used to help control the symptoms of allergic rhinitis (sneezing, stuffy nose, runny nose, itching of the nose). SINGULAIR is used to treat seasonal allergic rhinitis (outdoor allergies that happen part of the year) in adults and children ages 2 years and older, and perennial allergic rhinitis (indoor allergies that happen all year) in adults and children ages 6 months and older.

**Who should not take SINGULAIR?**

Do not take SINGULAIR if you are allergic to SINGULAIR or any of its ingredients.

The active ingredient in SINGULAIR is montelukast sodium.

See the end of this leaflet for a list of all the ingredients in SINGULAIR.

**What should I tell my doctor before I start taking SINGULAIR?**

Tell your doctor about:

- **Pregnancy:** If you are pregnant or plan to become pregnant, SINGULAIR may not be right for you.
- **Breast-feeding:** If you are breast-feeding, SINGULAIR may be passed in your milk to your baby. You should consult your doctor before taking SINGULAIR if you are breast-feeding or intend to breast-feed.
- **Medical Problems or Allergies:** Talk about any medical problems or allergies you have now or had in the past.
- **Other Medicines:** Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, and herbal supplements. Some medicines may affect how SINGULAIR works, or SINGULAIR may affect how your other medicines work.

**How should I take SINGULAIR?**

**For adults and children 12 months of age and older with asthma:**

- Take SINGULAIR once a day in the evening.
- Take SINGULAIR every day for as long as your doctor prescribes it, even if you have no asthma symptoms.
- You may take SINGULAIR with or without food.
- If your asthma symptoms get worse, or if you need to increase the use of your inhaled rescue medicine for asthma attacks, call your doctor right away.
- **Do not take SINGULAIR for the immediate relief of an asthma attack.** If you get an asthma attack, you should follow the instructions your doctor gave you for treating asthma attacks.
- Always have your inhaled rescue medicine for asthma attacks with you.
- Do not stop taking or lower the dose of your other asthma medicines unless your doctor tells you to.

**For patients 15 years of age and older for the prevention of exercise-induced asthma:**

- Take SINGULAIR at least 2 hours before exercise.
- Always have your inhaled rescue medicine for asthma attacks with you.
- If you are taking SINGULAIR daily for chronic asthma or allergic rhinitis, do not take an additional dose to prevent exercise-induced asthma. Speak to your doctor about your

treatment of exercise-induced asthma.

- Do not take an additional dose of SINGULAIR within 24 hours of a previous dose.

**For adults and children 2 years of age and older with seasonal allergic rhinitis, or for adults and children 6 months of age and older with perennial allergic rhinitis:**

- Take SINGULAIR once a day, at about the same time each day.
- Take SINGULAIR every day for as long as your doctor prescribes it.
- You may take SINGULAIR with food or without food.

**How should I give SINGULAIR oral granules to my child?**

Do not open the packet until ready to use.

SINGULAIR 4-mg oral granules can be given:

- directly in the mouth;
- dissolved in 1 teaspoonful (5 mL) of cold or room temperature baby formula or breast milk;
- mix with 1/2 to 1/3 of a spoonful of following soft foods at cold or room temperature: applesauce, mashed carrots, rice, or ice cream.

Be sure that the entire dose is mixed with the food, baby formula, or breast milk and that the child is given the entire spoonful of the food, baby formula, or breast milk mixture right away (within 15 minutes).

**IMPORTANT: Never store any oral granules mixed with food, baby formula, or breast milk for use at a later time. Throw away any unused portion.**

**Do not put SINGULAIR oral granules in any liquid drink other than baby formula or breast milk.** However, your child may drink liquids after swallowing the SINGULAIR oral granules.

**What is the dose of SINGULAIR?**

**For asthma—Take once daily in the evening:**

- One 10-mg tablet for adults and adolescents 15 years of age and older.
- One 5-mg chewable tablet for children 6 to 14 years of age.
- One 4-mg chewable tablet or one packet of 4-mg oral granules for children 2 to 5 years of age, or
- One packet of 4-mg oral granules for children 12 to 23 months of age.

**For exercise-induced asthma—Take at least 2 hours before exercise, but not more than once daily:**

- One 10-mg tablet for adults and adolescents 15 years of age and older.

**For allergic rhinitis—Take once daily at about the same time each day:**

- One 10-mg tablet for adults and adolescents 15 years of age and older,
- One 5-mg chewable tablet for children 6 to 14 years of age,
- One 4-mg chewable tablet for children 2 to 5 years of age, or
- One packet of 4-mg oral granules for children 2 to 5 years of age with seasonal allergic rhinitis, or for children 6 months to 5 years of age with perennial allergic rhinitis.

**What should I avoid while taking SINGULAIR?**

If you have asthma and if your asthma is made worse by aspirin, continue to avoid aspirin or other medicines called non-steroidal anti-inflammatory drugs while taking SINGULAIR.

**What are the possible side effects of SINGULAIR?**

The side effects of SINGULAIR are usually mild, and generally did not cause patients to stop taking their medicine. The side effects in patients treated with SINGULAIR were similar in type and frequency to side effects in patients who were given a placebo (a pill containing no medicine).

The most common side effects with SINGULAIR include:

- stomach pain
- stomach or intestinal upset
- heartburn
- tiredness
- fever
- stuffy nose
- cough
- flu
- upper respiratory infection
- dizziness
- headache
- rash

Less common side effects that have happened with SINGULAIR include:

- increased bleeding tendency
- allergic reactions [including swelling of the face, lips, tongue, and/or throat (which may cause trouble breathing or swallowing), hives and itching]
- behavior and mood related changes [agitation including aggressive behavior, bad/odd dreams, depression, feeling nervous, feeling irritable, sleeplessness, suicidal thoughts and actions (including suicide), tremor, trouble sleeping], restlessness, drowsiness, pins and needles/numbness,

seizures (convulsions or fits)]

- palpitations
- nose bleed
- diarrhea, indigestion, inflammation of the pancreas, nausea, vomiting
- hepatitis
- bruising
- joint pain, muscle aches and muscle cramps
- swelling

Rarely, asthmatic patients taking SINGULAIR have experienced a condition that includes certain symptoms that do not go away or that get worse. These occur usually, but not always, in patients who were taking SINGULAIR for exercise-induced asthma and those steroids were being slowly lowered or stopped. Although SINGULAIR has not been shown to cause this condition, you must tell your doctor right away if you get one or more of these symptoms:

- a feeling of pins and needles or numbness of arms or legs
- double-like vision
- rash
- severe inflammation (pain and swelling) of the sinuses (sinusitis)

These are not all the possible side effects of SINGULAIR. For more information ask your doctor or pharmacist.

Talk to your doctor if you think you have side effects from taking SINGULAIR.

**General Information about the safe and effective use of SINGULAIR**

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use SINGULAIR for a condition for which it was not prescribed. Do not give SINGULAIR to other people even if they have the same symptoms you have. It may harm them. Keep SINGULAIR and all medicines out of the reach of children.

Store SINGULAIR at 25°C (77°F). Protect from moisture and light. Store in original packaging.

This leaflet summarizes information about SINGULAIR. If you would like more information, talk to your doctor. You can ask your pharmacist or doctor for information about SINGULAIR that is written for health professionals.

**What are the ingredients in SINGULAIR?**

Active ingredient: montelukast sodium

SINGULAIR chewable tablets contain aspartame, a source of phenylalanine.

Phenylketonurics: SINGULAIR 4-mg and 5-mg chewable tablets contain 0.674 and 0.842 mg phenylalanine, respectively.

Inactive ingredients:

- 4-mg oral granules: mannitol, hydroxypropyl cellulose, and magnesium stearate.
- 4-mg and 5-mg chewable tablets: mannitol, microcrystalline cellulose, hydroxypropyl cellulose, red ferric oxide, croscarmellose sodium, cherry flavor, aspartame, and magnesium stearate.
- 10-mg tablet: microcrystalline cellulose, lactose monohydrate, croscarmellose sodium, hydroxypropyl cellulose, magnesium stearate, hydroxypropyl methylcellulose, titanium dioxide, red ferric oxide, yellow ferric oxide, and carnauba wax.

**What is asthma?**

Asthma is a continuing (chronic) inflammation of the bronchial passageways which are the tubes that carry air from outside the body to the lungs.

**Symptoms of asthma include:**

- coughing
- wheezing
- chest tightness
- shortness of breath

**What is exercise-induced asthma?**

Exercise-induced asthma, more accurately called exercise-induced bronchoconstriction occurs when exercise triggers symptoms of asthma.

**What is allergic rhinitis?**

• Seasonal allergic rhinitis, also known as hay fever, is triggered by outdoor allergens such as pollens from trees, grasses, and weeds.

• Perennial allergic rhinitis can occur year-round and is generally triggered by indoor allergens such as dust mites, animal dander, and/or mold spores.

• Symptoms of allergic rhinitis may include:

- stuffy, runny, and/or itchy nose
- sneezing

Rx only

US Patent No.: 5,565,473

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# Postcard: Beijing. For some kids, spending too much time online means a family trip to boot camp and no more instant noodles. **China's tough-love approach to Internet addiction**

BY JESSIE JIANG

**E**VEN THOUGH IT WAS JUST BEFORE Lunar New Year—the most important family holiday on the Chinese calendar—Wang Hongxia was forcing her son out of the house. The 45-year-old accountant had decided to take her 12-year-old from their home in the northwestern city of Xian to a secluded military compound in Beijing, more than 700 miles (1,125 km) away. Like many Chinese parents, Wang felt she had no choice. "Things have absolutely gone out of control," she said, almost in tears. "My son just beat and bit me again this morning after I wouldn't let him touch the computer."

With an estimated 300 million Web users—the most in the world—China is struggling with an epidemic of Internet obsession among its youth. Since the establishment in 2004 of the country's first Internet-addiction-treatment facility, the China Youth Mental Health Center, more than 3,000 patients have been treated there.

The U.S.-based Center for Internet Addiction Recovery classifies the condition as compulsive behavior in which "the Internet becomes the organizing principle of addicts' lives." According to guidelines set by Tao Ran, director of the Beijing center and a colonel in the People's Liberation Army, using the Web for six consecutive hours a day for three straight months constitutes an addiction.

While the guidelines might seem overly broad—by that measure, many researchers or financial analysts who log long hours on the Internet could be considered addicts—that hasn't stopped anxious parents like Wang from dragging their children to Tao's camp, a grim four-story building in Beijing's main military compound. Once checked in, most patients are required to stay for three months, isolated from the outside world, without access to cell phones and, of course, computers. Parents of patients at the Internet-addiction center have to



**Discipline** Patients at a Chinese Internet-addiction center submit to strict military routine

stay for several weeks of treatment too, since, according to Tao, Internet addiction is often a result of "parenting mistakes." For most families, paying for this care is a sacrifice. The cost can total nearly \$3,000—almost three months' salary for the average Chinese couple.

Life in the camp, not surprisingly, is one of strict discipline. Patients get up at 6:30 a.m. and go to bed at 9:30 p.m. Their daily schedule includes military drills, therapy sessions, reading and sports.

"At first, I felt like I was living in hell," says Yang Xudong, a laconic 22-year-old in his second month of treatment. "But over time, it gets more comfortable and peaceful." Despite the progress he's made, like eating a diet other than the instant noodles he used

to live on while playing online games, the Beijing native admits he still gets upset too easily and is "afraid of people"—two signature symptoms of Internet addiction, according to Tao. "I think life in this camp has definitely calmed me down to some degree," says Yang. "But I'm far from ready to get out, since

I don't know what to do with my life yet."

A large number of the center's patients are well educated. Didi, a 20-year-old college sophomore who did not disclose his full name, picked up online gaming after being accepted into the distinguished Tsinghua University. He says he became so obsessed that he skipped all his classes for an entire semester and eventually received academic warnings from the school. As many as 30 students from Tsinghua and Peking University—China's most prestigious schools—have been to the camp, says Tao. "Our kids are all very special and intelligent," he notes. "It's only normal for people to make detours when they're young. Our mission is to help them get back on track before it's too late."

On the same afternoon that Wang and her son arrived, an 18-year-old boy was ready to leave after months of strenuous treatment. As part of the camp's tradition, he hugged every one of his fellow patients. "It's certainly an emotional moment for the kids," says Tao—one that can even soften the camp's chief disciplinarian. "To me, it's especially rewarding to see them step out of here with all the confidence that they deserve."

**Global Dispatch**  
For a new postcard from around the world every day, visit [time.com](http://time.com)

# Inbox

## Are Newspapers Dead?

WALTER ISAACSON'S COVER STORY ABOUT the very likely imminent death of newspapers is exactly the kind of wake-up call people need now [Feb. 16]. I have been a daily newspaper reporter for more than 14 years and have never seen such a dire situation. A world without local, daily papers and the content they provide would be a very sad, uninformed and dull place.

Ken Ross, Ware, Mass.

IT IS TELLING THAT ON THE SUBJECT OF the advertising only revenue model, which Isaacson says is "completely beholden" to advertisers, he turns to the opinions of Henry Luce, who has been dead for more than 40 years. The free alternative newspapers I represent have generally written more critically of business—and sometimes their own clients—than most paid publications. There are hundreds of other examples in which the advertising-only model has produced hard-hitting journalism. The bottom line for all news media is the same regardless of model: you'd better produce content that people pay attention to, or you aren't going to have a business.

Richard Karpel, *Association of Alternative Newsweeklies*, Washington

AS A NEWS REPORTER AND EDITOR FOR more than 50 years, I feel that newspapers can save themselves. How about concentrating on purely local news instead of trying

to reflect what readers saw on cable TV the day before? Publish local school lunch menus, city-hall doings and, yes, local police and court reports. Community papers are taking off and will fill the gap as the big dailies die off. As for coverage from Baghdad and Kabul, editors can rely on the Associated Press and other news organizations with respected reporters. Gang reporting wastes time and money.

Frank Real, Palmer, Mass.

WHAT ARRIVES ON MY COMPUTER SCREEN as the *New York Times* may be journalism, but it ain't a newspaper. A newspaper is what I hold in my hand as I sit back in my easy chair, coffee cup nearby, and flip back and forth, ripping out articles, snipping coupons and scissoring photos and obits for a bulging scrapbook. Handheld electronic devices that scroll text may one day make that pleasure obsolete, but they are not newspapers and will never take their place.

Paul Wesel, Boston

## Know Your Black History

HENRY LOUIS GATES JR.'S MISREPRESENTATION of Black History Month as "the coldest, darkest, shortest month" in no Questions is unconscionable [Feb. 16]. He should know it is an outgrowth of Negro History Week, founded in 1926 by historian Carter G. Woodson, who selected mid-February to honor the birthdays of Abraham Lincoln



**'How sad that Gates is not offended by the N word if the user is black. It is demeaning regardless of the speaker's skin pigment.'**

David Wolf, Delaware, Ohio

**Race relativity** 10 Questions for Henry Louis Gates Jr. sparked some readers' ire



## JUMP-STARTING JOURNALISM

*Our cover story drew a flood of comments:*

The demise of newspapers would be a tragedy, as it would mark the downfall of investigative journalism and its exposure of all types of corruption.

Robert Wolke, Pittsburgh, Pa.

Physical newspapers are obsolete. That's a reality that can't be wished away with user-friendly payment interfaces.

Hasan Zillur Rahim, San Jose, Calif.

If providers came up with a Kindle-like device and a 5¢-to-10¢-per-article system, users would feel fairly charged.

Javier Castano, Miami

Journalism has gotten stale. It's not technology that's bit it; it's hubris.

Rob Hobart, Mobile, Ala.

and Frederick Douglass. Black History Month remained in February out of respect for Woodson's scholarly choice.

Robert Righter Jr., St. Louis, Mo.

## Truth and Consequences

RE "WHAT WOULD LINCOLN DO?": Lincoln dedicated his life to the pursuit of economic freedom for all [Feb. 16]. But lost in the debate on the current stimulus plan is any mention of personal responsibility. That lack of responsibility on Main Street, Wall Street and Capitol Hill is what got us into this mess to begin with. Sure, we all have the right to rise, but we have forgotten that with rights come responsibilities.

Jason Peirce, Calabasas, Calif.

## The Self-Purifying Trend

WANNA DETOXIFY [FEB. 16]? RUN FIVE miles a day. Cheap, clean, effective. And all natural too.

David Hirsch, Dallas



Please recycle this magazine and its  
inserts or samples before  
recycling

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address.



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Send friend "happy  
birthday" email.

IM daughter.

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latest headlines.

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# Briefing

□ THE WORLD □ D.C. MEMO □ VERBATIM □ HISTORY

□ POP CHART □ MILESTONES



## The Moment

2/16/09: Afghanistan

IT'S HIS WAR NOW. WHEN President Barack Obama ordered two more U.S. combat brigades into Afghanistan, deploying 17,000 troops to join the 36,000-strong U.S. force already in the theater, he sent a message about his Administration's priorities (the units had been slated for Iraq) and embraced a tree of thorns. He won't disentangle himself anytime soon.

"This increase," said Obama, distancing himself from the Bush Administra-

tion, "is necessary to stabilize a deteriorating situation in Afghanistan, which has not received the strategic attention, direction and resources it urgently requires." There could be more deployments to come. If the U.S. commander in Afghanistan gets his way, 13,000 more troops could eventually end up there, focused on rolling back a growing Taliban insurgency.

Troops alone won't do that job, and Obama knows it. "I am absolutely convinced that

you cannot solve the problem of Afghanistan, the Taliban, the spread of extremism in that region, solely through military means," he told an interviewer. But more soldiers are needed, if only to stop the grim litany of bad news from

### The President has been writing a letter to the family of each soldier killed

Afghanistan getting worse. With sanctuaries across the border in Pakistan—which the government there seems in no hurry to close down—and with a growing acceptance of the Taliban's strength in Afghanistan, militants

have the wind at their back. They welcomed U.S. envoy Richard Holbrooke to Kabul by attacking three government buildings, leaving 26 people dead.

"There is no more solemn duty as President," Obama said as he announced the troop movements, "than the decision to deploy our armed forces into harm's way." The President has been writing a letter to the family of each soldier killed in Afghanistan (and Iraq), personally signing it BARACK. So far, those casualties could be attributed to choices his predecessor—not Obama—made about the risks to take with young lives. No more. They're on his watch now. — BY MARK THOMPSON ■





## 6 | Caracas

**CHAVEZ WITHOUT LIMITS** Venezuelan voters passed a referendum to remove presidential term limits, allowing President Hugo Chávez to seek re-election indefinitely. The constitutional amendment, supported by 54% of voters (including these Chávez supporters, above), comes more than a year after the leftist leader's first attempt was shot down. Chávez says the measure was necessary to continue his socialist reforms; critics say it has brought the country closer to dictatorship.

## 7 | California

### Facebook's Status: Sorry

Deluged by angry user feedback, social-networking site Facebook retracted a change to its terms of service that would have given the company the right to use members' private information—and license it to other companies—in perpetuity. The change, which covered users' personal bias and photos, prompted more than 96,000 members to protest by—how else?—joining a Facebook group against it.



*The French navy initially believed that Le Triomphant had hit a shipping container*

## 8 | Paris

### Conn to Sonar: Ouch

French and British authorities admitted on Feb. 16 that two nuclear submarines, *Le Triomphant* and H.M.S. *Vanguard*, collided in early February while deep in the Atlantic Ocean. Though neither vessel was damaged enough to leak radiation or sink along with their approximately 32 combined nuclear missiles, the incident raised concerns over the European neighbors' lack of naval coordination.

## 9 | Cambodia

### The Khmer Rouge, on Trial at Last

More than 30 years after Pol Pot's brutal regime killed an estimated 1.7 million people, the first of its reviled leaders faced genocide charges before a U.N.-backed tribunal Feb. 17. Kaing Guek Eav, 66, known as Duch, ran Phnom Penh's infamous Tuol Sleng prison camp, where thousands perished. Four other aged defendants will face charges after Duch; absent is Khmer Rouge mastermind Pol Pot, who died in his jungle redoubt in 1998.

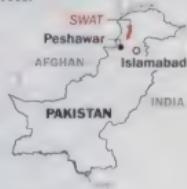


*A convoy of supporters and representatives of Islamic militants arrives in the restive Swat*

## 10 | Pakistan

### Seeking Peace and Stability

In an effort to quell violence, the government struck a deal with insurgents on Feb. 16 that would implement a form of Islamic law in northwest Pakistan. The ruling will cover the Malakand region, which includes the Swat Valley, a one-time tourist spot and now home base for Taliban forces. While militants have agreed to a 10-day cease-fire, critics of the deal labeled the pact a dangerous concession to violent religious extremists.



## ( RECESSION WATCH )

Is [www.economiccrisis.com](http://www.economiccrisis.com) still available? VeriSign, which manages Internet domain name registrations, reports that **17% fewer .com and other standard Web addresses were registered in the fourth quarter of 2008 than in the same period in 2007**, a slump analysts say may indicate a slowdown in new online businesses and advertising. Total registrations worldwide continue to grow, driven by demand in countries like China (cn) and Germany (de).

# 13,000

Number of man-made objects orbiting Earth that will be monitored by NASA's new Space Situational Awareness program

# 6,897

Number of deaths in China caused by AIDS in the first nine months of 2008—making the virus China's deadliest infectious disease for the first time



Sources: Congressional Budget Office and the Joint Committee on Taxation \*Includes low-income-housing tax credit program

**BY THE NUMBERS**

**The Road to Recovery** **28:** Days after Barack Obama's Inauguration that the stimulus bill was signed into law. **3:** Total number of congressional Republicans who backed the final package. **\$400:** Value of a refundable tax credit available to people earning less than \$75,000 a year beginning in June. **\$185 billion:** Amount the stimulus is expected to add to the federal deficit for the remainder of the 2009 fiscal year. **317:** Minutes the final Senate vote lasted, believed to be the longest congressional vote in U.S. history. **320:** Miles traveled by Senator Sherrod Brown, from an Ohio memorial service for his mother to the Capitol, to cast the Senate's key final vote. — BY RANDY JAMES AND KATIE ROONEY



## A Brief History Of:

## Abstinence



**E**VERYONE SHOULD BE ABSTINENT," BRISTOL PALIN SAID during a Feb. 16 Fox News interview, just two months after the 18-year-old daughter of Alaska's Republican governor gave birth to a 7-lb. 7-oz. baby boy. But abstinence is "not realistic at all," she added. Evidently not.

Suppressing one's earthly desires until marriage is a tenet of nearly all religions, though the burden of premarital abstinence has largely rested on the bride. Prepubescent marriages and gruesome practices like genital mutilation and the imposition of chastity belts have long been used in the name of guarding a girl's "purity." Tales of famous (and famously celibate) females like Joan of Arc, Queen Elizabeth I and Florence Nightingale, to name a few, have helped uphold this chaste ideal, while medical literature from as late as the 19th century advised men to preserve their semen to boost vitality—a notion that dates back to Hippocrates and continues to this day among superstitious athletes. In recent years, the case for abstinence has broadened to include sexually transmitted diseases, with members of the True Love Waits movement arguing that celibacy is the only way to prevent AIDS.

Palin's anecdotal evidence aside, federal studies have shown that abstinence-only education has done little to curb teen pregnancy rates, despite the nearly \$1 billion in federal funding that such programs have received since 2000. More than a third of all births in the U.S. are to single women, according to the Centers for Disease Control and Prevention. That an unwed teenage mother, the eldest child of a prominent politician, no less, can chat about the birds and the bees on national TV speaks volumes about changing attitudes—even if the young lady's message contradicts itself. —BY M.J. STEPHEN

## LET'S TALK ABOUT SEX

**204 B.C.** Inspired by the tale of Phrygian goddess Cybele, a cult of eunuchs is founded in Rome

**1476** Leonardo da Vinci is acquitted of sodomizing a male prostitute; he abstained from sex for the rest of his life

1601 William Shakespeare's Hamlet condemns Ophelia to a lifetime of celibacy: "Get thee to a nunnery!"

**1774** Mother Ann Lee founds the Shaker community of New Lebanon, N.Y.; the group's tenet of abstinence dooms it to near extinction.

1962 Vatican II reaffirms priestly celibacy amid a growing movement to allow men of the cloth to marry.

**2008** Six years after Justin Timberlake said he'd slept with **Britney Spears**, her mother reveals in a memoir that the pop star lost her virginity at 14



## A Slobbering Love Affair

By Bernard Goldberg  
Regnery, 184 pages

AS A CONSERVATIVE MEDIA critic writing for a conservative publishing house addressing a conservative audience, Bernard Goldberg, a former CBS journalist and the author of the media-bashing memoir *Bias*, doesn't have to do much to notch a best seller. Step 1: sarcastically criticize the "mainstream media" as hopelessly liberal. Step 2: repeat for 20 or so abbreviated chapters. Goldberg's objections to "mainstream media" coverage of Barack Obama are fairly well worn. Among the many complaints, he notes that Obama's associations with the Rev. Jeremiah Wright and former Weatherman Bill Ayers didn't get enough press scrutiny during last year's election campaign, while Sarah Palin's clothing and Joe the Plumber's personal life got too much. Because of their fawning over Obama, the "mainstream media"—if the author removed that modifier, this book would be a pamphlet—have left their credibility "in tatters," Goldberg writes. Of course, just saying something doesn't make it so. But that won't matter to Goldberg's readers, who will devour his latest with gusto.

— BY GILBERT CRUZ

READ  
SKIM  
TOEFL

# Pop Chart



ELTON JOHN to produce film in which aliens invade Jane Austen-era England. Title: *Pride and Predator* (we didn't make that up)



RYAN ADAMS engaged to MANDY MOORE; to release double album about it next week



CHRIS BROWN apologizes for doing something bad to someone, though he won't say what or whom



U2 to play five nights on *Letterman*. This could be their big break!



MEL GIBSON. A spicy recipe kind of guy



MC HAMMER reality show. Naturally



SAM DONALDSON retires. Nation's eyebrows at half mast



MALL COP to star next as zookeeper, then doorman, then possibly tollbooth attendant

SHOCKING

JAPAN'S FINANCE MINISTER resigns over disoriented, slurring appearance at G-7 summit. Who does he think he is—Joaquin Phoenix?



MICHAEL PHELPS not charged in bong incident; released into open water



SHAO - JABBAWOCKEEZ - television gold



Upcoming ANNA NICOLE SMITH opera to destroy opera



M.I.A. has a boy



WHITE STRIPES to reunite for Conan's last N.Y.C. show



SALMA HAYEK marries rich Frenchman in Paris on Valentine's Day. In the movie version, she'll be played by Meg Ryan



Neverland items to be auctioned. You too can own... this

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2. Maintaining an erection
3. The hardness of the erection

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Viva  
**VIAGRA**  
(sildenafil citrate) tablets

VIAGRA is prescribed to treat erectile dysfunction. We know that no medicine is for everyone. Don't take VIAGRA if you take nitrates, often prescribed for chest pain, as this may cause a sudden unsafe drop in blood pressure.

Talk with your doctor first. Make sure your heart is healthy enough to have sex. If you have chest pain, nausea, or other discomforts during sex, seek medical help right away. As with any ED tablet, in the rare event of an erection lasting more than four hours, seek immediate medical help to avoid long-term injury.

In rare instances, men taking PDE5 inhibitors (oral erectile dysfunction medicines, including VIAGRA) reported a sudden decrease or loss of vision, or sudden decrease or loss of hearing. It is not possible to determine whether these events are related directly to these medicines or to other factors. If you experience any of these symptoms, stop taking PDE5 inhibitors, including VIAGRA, and call a doctor right away.

The most common side effects of VIAGRA are headache, facial flushing, and upset stomach. Less common are bluish or blurred vision, or being sensitive to light. These may occur for a brief time. VIAGRA does not protect against sexually transmitted diseases including HIV.

Please see Important Facts for VIAGRA on the following page or visit [viagra.com](http://viagra.com) for full prescribing information.  
For free information, including questions to ask your doctor, call 1-888-4VIAGRA (1-888-484-2472).

\*Global Better Sex Survey, conducted among 6,291 men with and without ED.

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# IMPORTANT FACTS

# VIAGRA

(sildenafil citrate) tablets

(vi-AG-rah)

## IMPORTANT SAFETY INFORMATION ABOUT VIAGRA

Never take VIAGRA if you take any medicines with nitrates. This includes nitroglycerin. Your blood pressure could drop quickly. It could fall to an unsafe or life-threatening level.

## ABOUT ERECTILE DYSFUNCTION (ED)

Erectile dysfunction means a man cannot get or keep an erection. Health problems, injury, or side effects of drugs may cause ED. The cause may not be known.

## ABOUT VIAGRA

VIAGRA is used to treat ED in men. When you want to have sex, VIAGRA can help you get and keep an erection when you are sexually excited. You cannot get an erection just by taking the pill. Only your doctor can prescribe VIAGRA.

VIAGRA does not cure ED.

VIAGRA does not protect you or your partner from STDs (sexually transmitted diseases) or HIV. You will need to use a condom.

VIAGRA is not a hormone or an aphrodisiac.

## WHO IS VIAGRA FOR?

Who should take VIAGRA?

Men who have ED and whose heart is healthy enough for sex.

Who should NOT take VIAGRA?

- If you ever take medicines with nitrates:
  - Medicines that treat chest pain (angina), such as nitroglycerin or isosorbide mononitrate or dinitrate
- If you use some street drugs, such as "poppers" (amyl nitrate or nitrite)
- If you are allergic to anything in the VIAGRA tablet.

## BEFORE YOU START VIAGRA

Tell your doctor if you have or ever had:

- Heart attack, abnormal heartbeats, or stroke
- Heart problems, such as heart failure, chest pain, or aortic valve narrowing
- Low or high blood pressure
- Severe vision loss
- An eye condition called retinitis pigmentosa
- Kidney or liver problems
- Blood problems, such as sickle cell anemia or leukemia
- A deformed penis, Peyronie's disease, or an erection that lasted more than 4 hours
- Stomach ulcers or any kind of bleeding problems

Tell your doctor about all your medicines. Include over-the-counter medicines, vitamins, and herbal products. Tell your doctor if you take or use:

- Medicines called alpha-blockers to treat high blood pressure or prostate problems. Your blood pressure could suddenly get too low. You could get dizzy or faint. Your doctor may start you on a lower dose of VIAGRA.
- Medicines called protease inhibitors for HIV. Your doctor may prescribe a 25 mg dose. Your doctor may limit VIAGRA to 25 mg in a 48-hour period.
- Other methods to cause erections. These include pills, injections, implants, or pumps.

## POSSIBLE SIDE EFFECTS OF VIAGRA

Side effects are mostly mild to moderate. They usually go away after a few hours. Some of these are more likely to happen with higher doses.

The most common side effects are:

- Headache
- Feeling flushed
- Upset stomach

Less common side effects are:

- Trouble seeing blue and green apart or seeing a blue tinge on things
- Eyes being more sensitive to light
- Blurred vision

Rarely, a small number of men taking VIAGRA have reported these serious events:

- Having an erection that lasts more than 4 hours. If the erection is not treated right away, long-term loss of potency could occur.
- Sudden decrease or loss of sight in one or both eyes. We do not know if these events are caused by VIAGRA and medicines like it or caused by other factors. They may be caused by conditions like high blood pressure or diabetes. If you have sudden vision changes, stop using VIAGRA and all medicines like it. Call your doctor right away.
- Sudden decrease or loss of hearing. We do not know if these events are caused by VIAGRA and medicines like it or caused by other factors. If you have sudden hearing changes, stop using VIAGRA and all medicines like it. Call your doctor right away.
- Heart attack, stroke, irregular heartbeats, and death. We do not know whether these events are caused by VIAGRA or caused by other factors. Most of these happened in men who already had heart problems.

If you have any of these problems, stop VIAGRA. Call your doctor right away.

## HOW TO TAKE VIAGRA

Do:

- Take VIAGRA only the way your doctor tells you. VIAGRA comes in 25 mg, 50 mg, and 100 mg tablets. Your doctor will tell you how much to take.
- If you are over 65 or have serious liver or kidney problems, your doctor may start you at the lowest dose (25 mg).
- Take VIAGRA about 1 hour before you want to have sex. VIAGRA starts to work in about 30 minutes when you are sexually excited. VIAGRA lasts up to 4 hours.

Don't:

- Do not take VIAGRA more than once a day.
- Do not take more VIAGRA than your doctor tells you. If you think you need more VIAGRA, talk with your doctor.
- Do not start or stop any other medicines before checking with your doctor.

## NEED MORE INFORMATION?

- This is only a summary of important information. Ask your doctor or pharmacist for complete product information OR
- Go to [www.viagra.com](http://www.viagra.com) or call (888) 4-VIAGRA (484-2472).

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helpful  
answers



Joe

# Klein

## The Quiet American. Global reaction to Obama is euphoric—but wary. Because his outreach comes with strings attached

AT THIS YEAR'S U.S.-ISLAMIC WORLD Forum in Doha, Qatar, speaker after Muslim speaker had nothing particularly awful to say about the United States. The Muslims were, in fact, hopeful about, and slightly amazed by, the new American President. Some even wondered aloud what they could do to help him succeed. Anwar Ibrahim, the Malaysian opposition leader, listed the significant gestures that Obama had made toward the Islamic world, from the President's interview with al-Arabiya television network to the appointment of George Mitchell as Middle East negotiator. Obama had even made reference to "a hadith, which is something not many Islamic leaders do," Ibrahim added, referring to the sayings of the Prophet that are not included in the Koran. Then Ibrahim went further: "But will the U.S. find credible partners in the Muslim world? ... How do we expect the President of the United States to solve our problems when we do nothing?"

**It was a rare slash of candor in the annual winter policy-conference festivities—the worthy caravan of world-class bloatification that migrates from the now soiled majesty of the economic wizards at Davos to the Cold War clutch of the Munich Security Conference, to the think-tanky but heartfelt attempts to reach across the cultural chasm at Doha.** These conferences were not much fun for Americans during the George W. Bush years, when a solid plurality of the questions began with "*How could you?*" But the U.S. election promised

a change, and I attended Munich and Doha this year to find out how the world was reacting to the new Administration. I found the world slightly nonplussed—mildly euphoric, if a bit nervous.

The nerves were rattled by the studied opacity of the official American speakers, who are awaiting the Administration's policy reviews on Iraq, Iran, Pakistan and Afghanistan before venturing anything



interesting. The clearest statement of American intent came from Vice President Joe Biden in Munich, in a speech so important that Biden read it word for word, without Bidenic huzzahs—he didn't say, for example, "Vladimir Putin, Lord love 'im!" He did say quietly startling things like "We will listen. We will consult." And "We will strive to act preventively, not preemptively." And "America will act aggressively against climate change." He offered an unclenched fist to Iran and a willing ness to push "the reset button" with Russia.

This clarion statement of international sanity had a curious effect on its audience: stunned silence, as the assembled Europeans and Russians were confronted with a terrifying new reality. They were out of excuses, especially our NATO allies. If the U.S. was done with thoughtless bellicosity, the peaceable Euros might have to respond

more substantively to our requests for them to live up to their pledges in Afghanistan. This seemed the underlying tension in Munich—the split between countries whose troops actually fight in Afghanistan and those whose troops do not. It is a breach to watch, one that could cripple the alliance.

The tension splattered into full view once, in an indirect confrontation between the Defense Ministers of Germany and the U.K. The German, a Gandhian archetype named Franz Josef Jung, gave a ridiculously optimistic report about progress in Afghanistan. The British Defense Minister responded elegantly during the next panel, "We need more of

a wartime rather than a peacetime mentality at NATO ... There's too much of an obsession with process and prevarication."

**It has become clear that there's a bit of an obsession with process in the Obama Administration as well, but this is a necessary corrective. Rather than making peremptory judgments, pro and con, about foreign leaders, as Bush did, Obama seems predisposed to see every foreign policy problem in its global context—the decision to press the reset button with Russia, for example, could have a profound influence on the start of talks with Iran, especially if the Russians agree to**

**help dissuade the Iranians from an illegal nuclear program (in return for a U.S. pledge to halt the antimissile defense system that Russia fears). Every decision will be evaluated for its synergy with other decisions: troop levels in Afghanistan will reflect, among other things, the level of tension between India and Pakistan.**

As a result, Obama's foreign policy will move at the speed of diplomacy—slower than a sclerotic donkey—punctuated by the occasional laser whoosh of a Hellfire missile in Waziristan. His policies will be nuanced and will not please anyone overmuch—not the Muslims (nor the Israelis) nor our NATO allies nor those Americans seeking ideological clarity or consistency. This will make for a round of more argumentative policy conferences next year, but perhaps fewer "How could you?" questions directed at Americans. ■

**Obama's policies will be nuanced and will not please anyone overmuch—not the Muslims (nor the Israelis) nor our NATO allies nor those Americans seeking ideological clarity**

# Obama's Rx For the Budget

The President wants to show that he can get the deficit under control. Why a new approach to health-care costs could be the answer

BY MASSIMO CALABRESI AND NANCY GIBBS



**B**ARACK OBAMA CALLS THEM THE Propeller-Heads, the cheerful band of financial nerds he has charged with saving America's economy. And on the Friday before Presidents' Day weekend, they were ready to show him the latest piece of their rescue plan: the 2010 federal budget. Having just squeezed through Congress what may be the largest spending bill in history, the President now needed to do something that would make the stimulus fight look easy: show the country and the world that he was as serious about preventing waste as he was about promoting growth. Only a lean federal budget would restore consumer confidence, keep congressional spending hawks in line and reassure wary foreigners so they would keep lending America the money it needs to climb out of this deep, dark hole.

When Obama walked into the Roosevelt Room in the West Wing, his economic wizards, led by Budget Director Peter Orszag and economy boss Larry Summers, were all wearing rainbow-colored baseball caps topped with goofy blue propellers.

Obama laughed. He knew better than anyone else that it would take some mighty brainpower—and luck and political genius—to get this next stage right. Orszag had been working the problem for months, leading a four-hour meeting on his birthday, Dec. 16, in Chicago, at which Obama showed up with a vanilla cake. Orszag, Summers, Treasury Secretary Timothy Geithner and Orszag's deputy Robert Nabors agreed that there was no avoiding a deficit this year of about \$1.5 trillion, including the bank bailout and the stimulus bill. They were prepared to swim even deeper into the red next year, expanding Obama's initiatives on renewable energy and high-speed rail lines and raising the deficit to 10% of gross domestic product, the highest figure since World War II. But assuming the economy has begun to turn around, the two-year spending splurge would be followed by a steady return to fiscal sanity: Obama wanted to bring the deficit down to 3% of GDP—still a whopping \$546 billion—by 2014.

So what is the magic formula? How does the White House buy time to spend now without spooking the markets or stoking fears that the U.S. intends to inflate its way out of debt? Obama's aides say they can do that by winding down the war in Iraq, cutting fat and raising taxes on the wealthiest Americans—and, later, by entitlement reform. All during the campaign, Obama talked about going through the budget "line by line," zeroing out programs that don't work or have outlived their usefulness. Even as he signed the stimulus bill, he had already pivoted to the next message. "We will need to do everything in the short term to get our economy moving again," he said, "while at the same



**The Propeller-Heads** From left: Vice President Biden, the President, Budget Director Orszag, chief of staff Rahm Emanuel and economic policy boss Summers at work in the Oval Office



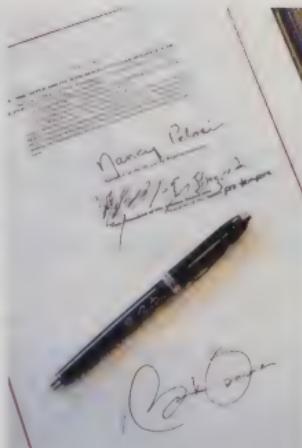
time recognizing that we have inherited a trillion-dollar deficit, and we need to begin restoring fiscal discipline and taming our exploding deficits over the long term."

Yet everyone knows that while eliminating earmarks and cutting fat sounds good and plays well, it cannot alone address the deficit problem when discretionary spending amounts to less than 40% of the total budget. The only chance Obama will have to build confidence in the economy, even as he digs a deeper deficit hole in the next two years, is to convince Americans and the world that he's laying the foundation for long-term budget control through entitlement reform and, in particular, curbing the cost of health care. Total U.S. health care spending in 2007 rose to \$2.2 trillion, and the public portion is growing fast. "Medicare and Medicaid on their current trajectory cannot be sustained," Obama told a group of columnists aboard Air Force One. "And the only way I think we're going to fix it is if we see those two problems in the broader context of bending the curve down on health-care inflation." Obama's betting the future of the U.S. economy—and a lot of his own political capital—that this is even possible.

### The Obama Approach

SITTING IN AN ARMCHAIR IN HIS ENORMOUS Eisenhower Building office overlooking the West Wing, Orszag unspools the argument he has made for years, first as a scholar at the Brookings Institution and then as head of the Congressional Budget Office. No long term budget plan can get around the massive surge in costs that comes with rising medical-care prices and the aging of the baby boomers. "If health-care costs grow at the same rate over the next four decades as they did over the past four decades, you're up to 20% of gross domestic product by 2050," he claims. Translation: left unchecked, the government won't have money to spend on anything but health care.

Characteristically, the Propeller-Heads think they can tackle this problem in part through better data processing. First, a massive investment in health-information technology will track how America's health-care dollars are being spent. Next, a \$1.1 billion government study, funded as part of the stimulus package, will take that information and figure out which treatments get the best outcomes for the least money. Which makes more sense for a clavicle fracture: a simple sling and waiting six weeks or surgical repair with a stainless-steel plate? The final step could be to create a federal health-care board that would shape Medicare- and Medicaid-reimbursement plans based on those studies.



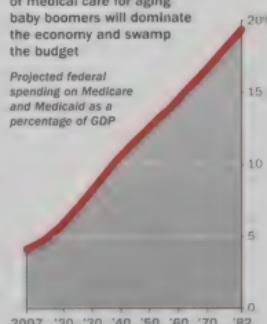
**Signed, sealed, delivered** Obama signed the \$787 billion stimulus measure but is keen to get the exploding deficit under control. His aides claim it will take years to tame but say he will start making the case for longer-term cuts next week

Administration officials suggest that some savings would come from controlling drug costs and changing reimbursement procedures. One proposal would have Medicare Advantage providers compete for government contracts for the first time, a move projected to save \$130 billion over 10 years. Another would be to stop paying for individual procedures and instead pay one lump sum for an entire treatment. Savings would not ap-

### Soaring Costs

Left unchecked, the rising cost of medical care for aging baby boomers will dominate the economy and swamp the budget

Projected federal spending on Medicare and Medicaid as a percentage of GDP



Source: Congressional Budget Office

pear immediately, but over 20 years, they could total in the hundreds of billions of dollars.

If the President tries to go down this road, the line of opponents will stretch well past the horizon. Even the idea of the "effectiveness" studies sparked a huge fight in Congress over the prospect of rationing health care in the U.S. It's easy to say better information will help doctors avoid expensive treatments that don't work. But what about expensive treatments that do work? Who decides whether they count as being sufficiently cost-effective? Might the same treatment be approved for a 25-year-old but not for a 75-year-old, who won't live as long to benefit from it? What about treatments that work differently for men and women, or blacks and whites? Doctors warn that treatment decisions will be made by bureaucrats whose interest in saving money competes with their interest in saving lives.

On Feb. 23, Obama will convene a fiscal-responsibility summit to talk about entitlement reform. He'll follow that the next night with his first address to a joint session of Congress, which his speechwriters are already building around the themes of health care and energy. Then Orszag will roll out the President's budget, and the fight will begin in earnest.

From his hard-edged Inaugural vow that "our time of standing pat, of protecting narrow interests and putting off unpleasant decisions—that time has surely passed," to his frequent promise of smarter government, Obama has reflected a national consensus that the old way of doing business is bankrupt. To have any chance of getting a stimulus bill that he could sign quickly, Obama had to let congressional Democrats take the lead. The result, he said, was not perfect, but "my bottom line is not how pretty the process was," he argued to columnists on Air Force One on Feb. 13. "My bottom line was 'Am I getting help to people who need it?'"

But this will be his budget, and the need to make hard choices starts with him. Will he actually identify popular programs he's willing to cut, or will he antagonize his party's patrons—such as drugmakers or trial lawyers—in the pursuit of real savings? Already party moderates worry that congressional liberals will reinsert programs Obama targets. Whatever he proposes, says Virginia Representative Jim Moran, "there is a fear that Congress could pork it back up again." If Obama pushes back, he has a chance to show that he really means change—even if some traditional supporters don't believe in it. —WITH REPORTING BY JAY NEWTON-SMALL/WASHINGTON AND MICHAEL SCHERER/WITH OBAMA

# The Case for a Truth Commission

Don't ignore—or prosecute—the abuses of the Bush era. Just uncover the facts

**M**ORE THAN 30 YEARS AGO, A special Senate investigation peered into abuses that included spying on the American people by their own government.

The findings by Senator Frank Church's committee, drawn from testimony spanning 800 witnesses and thousands of pages of government documents, revealed how powerful government surveillance tools were misused against the American people. For instance, the FBI's COINTELPRO operation spent more than two decades searching in vain for communist influence in the NAACP and infiltrated domestic groups that, for example, advocated for women's rights. The Church committee's work led to creation of the Senate Select Committee on Intelligence and later to the Foreign Intelligence Surveillance Act—reforms that largely held until the Bush years.

The parallels with today are clear, and so are the lessons. Then, as in recent years, some were willing, in the name of security, to trade away the people's rights as if they were written in sand, not stone. For much of this decade, we have read about and witnessed such abuses as the scandal at Abu Ghraib, the disclosure of torture memos and the revelations about the warrantless surveillance of Americans.

So what is to be done about the abuses of the Bush years? Some say do nothing, and a few Senators even tried to make Attorney General Eric Holder promise in his confirmation hearings to launch no prosecutions for Bush-era lawbreaking. At the opposite end of the spectrum, others say that even if it takes many years and divides the country and distracts from the urgent priority of fixing the economy,

we must prosecute Bush Administration officials to lay down a marker. The courts are already considering congressional subpoenas that were issued earlier as well as claims of privilege and legal immunities. Those cases will stretch out for some time, as would prosecutions—taking even a decade or longer. Moreover, it is easier for prosecutors to net those far down the ladder



**Unlawful abuse** This Abu Ghraib detainee was reportedly threatened with electrocution if he fell

der than those at the top, who set the tone and the policies.

There is another option, a middle ground whose overarching goal is to find the truth: we need to get to the bottom of what happened—and why—to make sure it never happens again.

One path to that goal is to appoint a truth-finding panel. We could develop and authorize a person or group of people universally recognized as fair-minded and without an ax to grind. Their straightforward mission would be to find the truth. People would be invited to come forward and share their knowledge and experiences, not for purposes of constructing criminal indictments but to assemble the facts. If needed, such a

process could involve subpoena powers and even the authority to obtain immunity from prosecution in order to get to the whole truth.

During the past several years, the U.S. has been deeply divided. This has made our government less productive and our society less civil. President Obama is right in saying that we cannot afford extreme partisanship and debilitating divisions. As we commemorate the Lincoln bicentennial, there is a need, again, "to bind up the nation's wounds." Rather than vengeance, we need an impartial pursuit of what actually happened and a shared understanding of the failures of the recent past.

This is not a step to be taken lightly. We need to see whether there is interest for this in Congress and the new Administration. We need to work through concerns about classified information and claims of Executive privilege. Most of all, we need to see whether the American people are ready to take this path.

In the meantime, Congress will work with the Obama Administration to fix those parts of our government that went off course. But to repair the damage of the past eight years and restore America's reputation and standing in the world, we should not simply turn the page without being able first to read it. A recent *USA Today/Gallup* poll showed that more than 60% of Americans agree that investigating the failed national-security policies of the past eight years should be considered.

Two years ago, I described the scandals of the Bush-Cheney-Gonzales Justice Department as the worst since Watergate. They were. We are still digging out from the debris. We need to get to the bottom of what went wrong after a dangerous and disastrous diversion from American law and values. The American people have a right to know what their government has done in their names.

*Leahy, a six-term Democratic Senator from Vermont, is a former prosecutor and the chairman of the Senate Judiciary Committee*

**We need to get to the bottom of what happened to make sure it never happens again**

# Interpreting Obama

White House press secretary Robert Gibbs, 37, might seem friendly, Southern, folksy and avuncular. But this political veteran is a warrior for his boss

BY MICHAEL SCHERER

**HOURS AFTER THE LOWEST POINT OF HIS** boss's first two weeks in office, White House spokesman Robert Gibbs ended the first chapter of the Obama presidency and launched the second. At the end of his morning staff meeting—where his team had gathered to discuss the handling of issues from the first fortnight, including Tom Daschle's unexpected failure to join the Cabinet because of tax compliance problems—Gibbs reminded members of his team what they had come to Washington to do.

"One other thing," Gibbs said as the room went quiet. "When the President said 'I screwed up' last night, that officially ended our experiment with sipping from the waters of the Potomac," he continued, referring to the Obama team's determination not to be sucked into old Washington ways. "I, for one,

Gibbs never hesitated to remind reporters to show Americans that Obama is a different kind of leader, one who will make Washington a more transparent and functional place. "There were 17 people who ran for President, and only one survived," Gibbs said in his staff pep talk. "People didn't vote for us just so that we would do the things that any of the other 16 candidates would do."

Gibbs' Southern twang and peachy face do not make him the most likely daytime television star, even if he has, in the words of presidential aide David Axelrod, "classed himself up" since the election by buying a rainbow of pastel ties and dropping about 15 lb. (7 kg). Yet almost every weekday, Gibbs anchors his own show with the White House press corps, and it has become a key place to discover what the Administration is planning next.

And a good place to take the ambient temperature of the busiest White House in a generation. Gibbs often deflects the harshest questions with a quick joke, sports metaphor or canned response about Obama's plans to "change" Washington. Once the cameras stop rolling, he retreats to his office for a moment alone to power down. "There is a pretty big adrenaline rush when you are out there," he says. "You do need about half an hour to just sort of decompress."

Born in 1971, Gibbs was raised in Auburn, Ala., where both parents worked for the Auburn University library system. He played goalkeeper for the men's soccer team at North Carolina State, a position that may have prepared him for the series of campaign press jobs he took after graduation. By 2002, he had landed at the Democratic Senatorial Campaign Committee, where he had an easy way with reporters—displaying a sharp edge when needed. "He had a real mean streak," fondly remembers Jim Jordan, who worked with Gibbs at the time and later during John Kerry's

**'There isn't a single decision that the President has formed ... that Robert didn't weigh in on.'**

—VALERIE JARRETT,  
SENIOR ADVISER TO OBAMA

don't want to look back four years from now and think, We should have done this differently."

In the days that followed, the Obama Administration, with Gibbs serving as both point man and presidential confidante, made its first big pivot. Gone was the emphasis on backroom schmoozing, the Capitol Hill and Super Bowl mixers, the bipartisan glad-handing. Instead, Obama notched up his criticism of the Republicans and set off on a cross-country sales tour through struggling towns and cities, culminating in his mid-February swing through Phoenix and Denver, where he signed his historic \$787 billion stimulus bill.

The pivot had a simple purpose, as

2004 presidential primary campaign.

By 2004, Gibbs found himself out of work, with a wife, a newborn son and a job offer in Chicago to work for an upstart U.S. Senate candidate named Barack Obama. Brad Woodhouse, a fellow Democratic operative and sometime fishing buddy, remembers telling Gibbs at the time that Obama could be President one day. There was no way of guessing then how integral a role Gibbs would play in that effort. But it turned out to be a vital one. "There isn't a single decision that the President has formed in the course of his campaign or the presidency that Robert didn't weigh in on," says Valerie Jarrett, one of Obama's most senior advisers.

When Gibbs said the President was done drinking from the Potomac, an aide recalls, the message was received as if it had come from Obama himself, given the frequency with which the two men talk. Gibbs and Obama have developed what Pete Rouse, another top aide, calls a "back-and-forth, locker-room camaraderie" that includes occasional heated arguments with raised voices. "Robert will never pull his punches with the President," says Rouse. They tease each other frequently: asked by Jarrett to describe Gibbs' sense of humor for TIME, Obama deadpanned, "Robert is very funny, but I can't remember any of his jokes."

Maybe not, but what matters most to White House reporters is that Gibbs has the President's ear and can get to the Commander in Chief when an answer is needed. Though Gibbs' aides speak of him affectionately as a "silent killer" whose mood can turn from warm to ice cold when his boss's motives are challenged, they add that he has been consciously trying to shift into a more press friendly role at the White House, a move symbolized by his often open office door. "He's always been good with the stick," Axelrod jokes about Gibbs. "He has also learned over time to use the carrot."

That's change you can believe in.





# How Stressed Is Your Bank?

Treasury promises to examine ailing lenders and then decide what to do. We checked the vital signs of four big banks. Diagnosis: large dose of capital needed

BY STEPHEN GANDEL

**F**OR MONTHS, CUSTOMERS AND INVESTORS have wondered if their banks will survive. The government may soon give its opinion. But don't be surprised if you find the answer inconclusive.

In early February, Treasury Secretary Timothy Geithner, as part of his bank fix, said he will "stress-test" the nation's largest financial firms to find out which ones are fit and which ones are flatlining, and then apply the appropriate therapy—which we assume means anything from injecting capital to pulling the plug. By using a medical term, Geithner gave the impression that he had some fiscal electrocardiograph that could be strapped to banks to chart the strength of their accounts. But when it comes to a bank checkup, the actual test is far less scientific.

In theory, a financial stress test looks at a firm's loans, assesses which will go bad and then concludes whether the bank will have money left when those accounts go unpaid. Pretty clear.

But in reality, to run the test, you have to guess not just which borrowers will stop paying but also when. Some losses will be covered by profits elsewhere. So the firm's bottom line must be estimated. The variables leave plenty of room for the government to make some banks look better or worse, depending on the assumptions it makes. Not so cut and dried.

Geithner hasn't detailed his test, other than that it won't be complete for another month. Worse, officials at the Treasury say the tests probably won't be made public. That will sort out the uncertainty that has driven the stock market down, won't it?

So instead of waiting around for the government's finger-in-the-air results, TIME decided to poke and prod the banks on its own.

To do so, we relied on the loan-loss estimates of New York University professor Nouriel Roubini, a.k.a. Dr. Doom, who has been sagelike in his predictions about the credit crisis so far. We factored in the banks' results this year, as projected by Wall Street analysts. Besides the hit that banks will take for soured loans, the firms also have losses in their investment accounts. But since markets go up as well as down, we stuck to the actual cost of their lending foibles rather than guess where the market for debt is headed next.

The exception is Citigroup. Since the bank struck a deal with the government to shield \$301 billion in losses, we had to account for some investment missteps to value the arrangement. Bank of America has a similar deal, but since the details aren't public, we didn't factor it in.

Any stress test is also influenced by the

measure you use. We chose the leverage ratio. To calculate it, divide a bank's equity by its assets, much of which are loans. The lower this ratio goes, the shakier a bank becomes. For example, a 10% leverage ratio means the bank has lent out \$10 for every \$1 in equity it has. A 5% reading translates to \$20 out for every \$1 in hand. Regulators like to see a reading of at least 5%. Anything less than that and a bank could become toast. Here's what we found:

### Citigroup

**Loan losses:** Even after making a government deal, the bank is still on the hook for the first \$40 billion in loan losses in the pool it has insured. Citi also has \$27 billion in other, nonhousing consumer loans, such as credit cards and student debt. Roubini estimates that about 17% of consumer loans will go unpaid nationwide. That translates into a \$4.7 billion river of red ink. Add in everything else (commercial real estate, corporate loans), and Citigroup will have to swallow \$16 billion in loan losses by the end of 2010.

**Capital cushion:** Thanks to the Troubled Asset Relief Program (TARP), Citigroup now has \$151 billion in equity, up from \$113 billion a year ago. Alas, it will have a \$76 billion hit from bad loans. Along with a projected bottom-line loss of \$3.5 billion, that drops the bank's capital to \$70.5 billion.

**Prognosis:** *On the way to the ICU.* Citi-group has a projected leverage ratio of just 3.8%—far lower than what it would need to be considered well capitalized. How much would the U.S. have to give the bank to nurse it back to good health? About \$22 billion.

### JPMorgan Chase

**Loan losses:** JPMorgan largely avoided the troubled subprime lending game. Not so Washington Mutual, which JPMorgan acquired in 2008 in an FDIC brokered deal. With housing prices still falling, many of those WaMu loans are going unpaid. JPMorgan has \$105 billion in credit card loans, which could cost the company some \$18 billion. And there is an additional \$262 billion in corporate and commercial loans, which, according to Roubini, could tally \$26 billion more in red ink. All told, it's a \$97 billion loss for JPMorgan.

**Capital cushion:** JPMorgan has \$23 billion in its rainy-day fund for such losses. Not enough. Shareholders' equity will drop to \$121 billion, from the current \$167 billion.

**Prognosis:** *Looking good.* JPMorgan is in better shape than other big banks are. Its post-test leverage ratio drops to 6.4%, from nearly 8%—still a picture of financial health.

### Checkup

Banks should show at least a 5% leverage ratio between equity and assets to be considered healthy. Here are two-year projected numbers for the four biggest banks:



	NOW	PRO. 2010
ASSETS	\$2 trillion	\$1.9 trillion
EQUITY	\$150 billion	\$70.5 billion
RATIO	7.7%	3.8%

Citigroup looks sick. Will need \$22 billion in additional capital



	NOW	2010
ASSETS	\$2.1 trillion	\$2 trillion
EQUITY	\$166 billion	\$128 billion
RATIO	7.8%	6.4%

JPMorgan is fit and should stay that way



	NOW	2010
ASSETS	\$2 trillion	\$1.8 trillion
EQUITY	\$176 billion	\$84.3 billion
RATIO	9.0%	4.6%

Bank of America will need \$7 billion to maintain a clean bill of health



	NOW	2010
ASSETS	\$1.3 trillion	\$1.2 trillion
EQUITY	\$99 billion	\$44.5 billion
RATIO	7.6%	3.7%

Wells Fargo will need \$16 billion to be well again

Note: Figures exclude investment losses

### Bank of America

**Loan losses:** BofA's buyout of mortgage broker Countrywide means the bank has \$400 billion in home loans outstanding—more than its competitors. Worse, Countrywide, by nearly all accounts, had shockingly low lending standards. Chalk up a higher than average \$40 billion in losses there. On top of that, BofA has made \$87 billion in loans to commercial real estate developers. Roubini predicts 17% of those loans will go bad as developers hit the skids. For BofA, that's \$15 billion more in losses. Toss in \$55 billion in commercial- and consumer-loan losses, and you get \$121 billion in lending deficits by the end of 2010.

**Capital cushion:** BofA has put away \$23 billion to cover future losses, and it has more equity—\$177 billion—than JPMorgan or Citigroup. But that might not be enough to preserve it without government help.

**Prognosis:** *Prepare the transfusion.* BofA is still on the monitor, but it's not far from being healthy again. It has a stressed leverage ratio of 4.6%. Just \$7.3 billion in new capital would put BofA back on its feet. And with Uncle Sam finalizing its deal to guarantee \$118 billion of BofA debt, the bank may already be on the mend.

### Wells Fargo

**Loan losses:** When Wells Fargo acquired Wachovia late last year, it more than doubled its loan book. In good times, that would be a major coup. These days, it's major trouble. Home buyers owe the bank \$360 billion, up from about \$150 billion just three months ago. Next, Wells has \$154 billion in commercial real estate loans, as well as \$200 billion in other types of commercial debt. Apply Roubini's overall 13% loss projection, and the conclusion is that Wells may be sitting on a \$117 billion loss.

**Capital cushion:** The good news for Wells is that it has been aggressive in identifying problem loans—\$37 billion from Wachovia alone. Wells officials argue that will lead to lower losses than its competitors'. But if not, the bank could be in trouble.

Even after the \$25 billion Wells got from the government last year, it has just under \$100 billion in equity, trailing other major banks by more than 50%.

**Prognosis:** *Defibrillator. Stat!* Wells Fargo is generally considered one of the banks that are least likely to fail. But our stress test says otherwise. Even with its \$58 billion loan-loss buffer, Wells is still in the hole for \$59 billion, or 60% of its capital. With \$40 billion remaining and an expected \$5 billion in income, the bank could sink to a less-than-rosy leverage ratio of 3.7%. ■



# Pay Them Less? Hell, Yes

Wall Street's fat paychecks may once have made economic sense. Now smaller ones do

**A FEW YEARS BACK**, TWO FINANCE PROFESSORS at the University of Chicago set out to discover who was behind the spectacular rise in the very top incomes in the U.S. Steven Kaplan and Joshua Rauh quickly concluded that for all the outrage about the pay of corporate chief executives and their lieutenants, it didn't account for more than a sliver of the gains. And highly paid athletes and entertainers were too small in number to have much impact.

The big, big gainers, Kaplan and Rauh found, were on Wall Street. At least 2,500 people at major investment banks made more than \$2.5 million a year, they estimated, acknowledging that the actual figure was probably substantially higher. They couldn't nail down numbers for private-equity firms, hedge funds and other money management outfits but concluded that their ranks and compensation had grown dramatically. The country's big law firms, many of them legal remoras attached to Wall Street, accounted for thousands more high earners.

Overall, the top 0.1% of the income distribution in the U.S. in 2006—the most recent year for which data are available—was made up of 148,361 taxpayers who took home more than \$1.9 million each. This top 0.1% accounted for 11.6% of personal income, according to income-inequality mavens Emmanuel Saez of the University of California, Berkeley, and Thomas Piketty of the Paris School of Economics. Back in 1978, the top 0.1% claimed only 2.7% of income.

Rising pay on Wall Street was the biggest single contributor to the shift. "This was all market oriented," says Kaplan.

**The sums of money managed and size of transactions arranged by Wall Street grew exponentially starting in the 1980s. So did profits and pay**

"Part of the reason you saw such a big increase in pay over time was just an increase in scale." The sums of money managed and size of transactions arranged by Wall Street grew exponentially, starting in the 1980s. So did profits and pay. You can argue that CEO compensation is a rigged game, but on Wall Street, lavish pay packages have never been restricted to the top of the executive ladder. Top-performing investment bankers and



traders were paid big sums because otherwise they might jump ship to a rival bank or a hedge fund. And nobody was forcing rich people and pension funds to entrust their money to high-fee private-equity firms and hedge funds.

Now, though, the scads of lushly paid Wall Streeters have driven the financial sector into a ditch, and taxpayers around the world are spending trillions of dollars to fix the problem. This chain of events has, understandably, focused big-time scrutiny on financial-sector compensation. President Barack Obama plans to limit cash pay to \$500,000 for the top five executives of firms that take more aid from the government, and the stimulus legislation he signed into law on Feb. 17 sharply restricts bonuses for the 25 highest-paid employees of any company that has taken bailout money. While

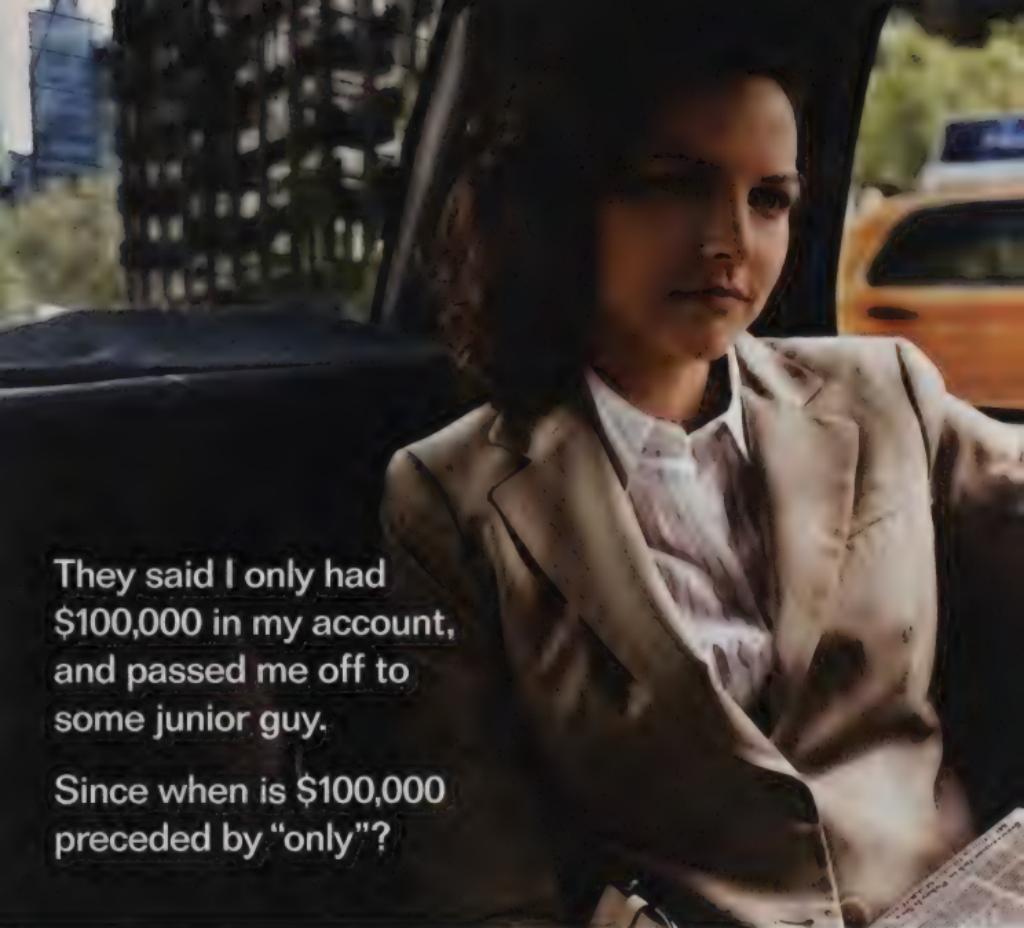
**Extra Money**  
To read Justin Fox's daily take on business and the economy, go to [time.com/curiouscapitalist](http://time.com/curiouscapitalist)

Wall Street is unhappy about these measures, its bosses agree (publicly, at least) that they must do a better job of linking pay to long-term profitability rather than short-term jackpots.

None of this gets to the core of the issue. What distinguished Wall Street pay in recent years was less its short-term nature (even before the crisis, a large chunk of bonuses was paid in restricted stock that couldn't be cashed in for years) than its staggering generosity. This remunerative largesse extended far beyond the top five or even top 25 executives at big firms. Shortly before its merger with Bank of America at the beginning of this year, Merrill Lynch paid bonuses of at least \$1 million to 700 employees—after the firm's worst year ever, when it racked up losses of \$27 billion.

Whether you think this is a problem depends on whether you agree with Kaplan and Rauh's assessment of the forces behind rising Wall Street pay. If it was all a market phenomenon, it will now correct itself, as the financial sector's employee ranks and paychecks shrink to reflect the smaller pool of assets it has to play with. Overall income inequality is likely to drop sharply as well, Kaplan says.

But what if Wall Street's pay practices helped cause the mess we're in, and what if they don't correct themselves? The bonuses granted by Merrill and other money-losing firms seem to indicate an unwillingness to adapt to changed circumstances. Yet government attempts to dictate compensation at financial institutions are likely to bring about unintended and probably unpleasant consequences. The solution could lie instead in restricting certain financial behaviors or just hiking tax rates on the highest incomes. The bottom line is that Wall Street is uniquely risky—but that doesn't mean the risk takers have to be uniquely compensated to match.



They said I only had  
\$100,000 in my account,  
and passed me off to  
some junior guy.

Since when is \$100,000  
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# The Tigers' Last Days



In Sri Lanka, thousands of Tamils have been displaced, as the long struggle against a separatist group enters its decisive phase

BY JYOTI THOTTAM/MANNAR

**I**N TINY BLUE CHAIRS SET UP IN ROWS, a group of young children begin their lessons at a makeshift preschool in northern Sri Lanka. They listen to stories, learn their colors, giggle, fidget and cry. The children are among thousands of Tamils who have fled their homes in the past 12 months, as the Sri Lankan army has surged toward the end of a 25 year war against an armed separatist movement, the Liberation Tigers of Tamil Eelam (LTTE). Government officials and the aid agencies that help maintain the camp where these children live call them "internally displaced persons" (IDPs).

Their parents call them prisoners.

"We ask, but they don't release us," says a resident of this camp, in the Mannar district on the northwest coast. His family



#### Shrinking war zone

A Sri Lankan soldier, left, sits in a guardhouse built high in a tree. Tamil separatist leader Velupillai Prabhakaran, below center, with an elite band of fighters, is still at large after 25 years of war

left their home by boat, only to be intercepted by the Sri Lankan navy and then handed over to the army, which brought them to one of several "welfare centers" set up to house Tamils fleeing the Vanni, the jungle areas at the heart of Tiger territory. "We were told, 'Two or three months, and then you can go,'" he says. "But now it's almost one year." There are about 450 people in this camp, including 39 children under the age of 5. The families live in shelters made of palm-thatch and corrugated iron, while single folk make do with tents. They are kept behind barbed-wire near a road lined with baobab trees and bunkers and are under the constant guard of soldiers. "They are suspected because they come from the Vanni," says an aid official. "They could be LTTE."

#### The Politics of Refugees

SRI LANKA'S CIVIL WAR BEGAN IN JULY 1983, when more than 1,000 Tamils were killed in Colombo after a Tiger ambush of 13 army soldiers—though the LTTE's grievances go back much further, to what it says were decades of discrimination against ethnic Tamils, who are mainly Hindu or Christian, by the Sinhalese Buddhist majority. Few families in the island nation have been untouched by the violence—more than 70,000 people have died since the war began—yet Sri Lanka has managed to preserve its stunning beaches and lush hills, as well as a cosmopolitan outlook dating back to its history as a stop along the Spice Route.

In the past few weeks, hundreds of civilians have been killed in the fighting, according to the Red Cross, during an assault by the army, which is determined to finish off the Tigers once and for all. An estimated 250,000 civilians are still trapped inside a rapidly shrinking war zone—the last remaining 40 sq. mi. (103 sq km) held by the Tigers—and the army is preparing to expand the camps to house them. The Defense Ministry says more than 6,000 new IDPs crossed into army-held territory in just a few days in mid-February.

Journalists are not officially permitted into the camps, but *TIME* obtained firsthand information about them from

organizations alarmed by the internment of civilians, a practice that violates internationally accepted conventions on the rules of war. The U.N. High Commissioner for Refugees (UNHCR), Human Rights Watch and several other local and international groups have been pushing Sri Lankan authorities for months to open up access. On Jan. 10, the Sri Lankan government instead turned several of the camps into "high-security zones," off limits to everyone except the U.N. and the Red Cross. A recently disclosed proposal to set up "welfare villages" where up to 200,000 IDPs could be kept for as long as three years was condemned by human rights groups and opposition leaders; but this kind of treatment is a reality for the 13,000 people already in the camps. A Jan. 21 memo by UNHCR states that the restrictions on movement in these camps do not meet humanitarian standards, so the agency is trying to negotiate with the government to improve conditions. Neither the U.N. nor other groups want to help run the internment camps, but they feel they have little choice. "It's a service that has to be done," says a humanitarian official. "If we don't do it, then the people suffer."

They are already suffering: the long war has seen to that. "When the dust settles, we may see countless victims and a terrible humanitarian situation," says Jacques de Maio, head of Red Cross operations for South Asia. Hospitals, ambulances and even the so-called safe zones set up so civilians can escape the fighting have been hit. The government insists that it is doing everything possible to protect civilians and blames the LTTE for using civilians as human shields. But international observers are worried. Secretary of State Hillary Clinton issued a joint statement Feb. 3 with the British Foreign Secretary, David Miliband, expressing "serious concern about the deteriorating humanitarian situation in northern Sri Lanka" and calling on both sides to allow civilians to leave the front lines.

But if they leave, what will happen to them? The fate of Sri Lanka's IDPs is the central political issue that will face the nation when the army claims victory. "It's how the whole world will look at the country," says an official with an international aid agency. In the best case, the camps, under the monitoring eye of U.N. agencies, will be used as holding stations where the army can weed out any LTTE fighters who remain in hiding, before allowing civilians to return to the Vanni to rebuild the north. "In the worst-case scenario, they establish concentration camps for Tamils," the official says. There have been no reports of mass killings, but aid groups



and human rights workers say that they are troubled by reports of disappearances and that they cannot monitor the safety of detainees without full access to them.

### Locked In—and Out

MOST PEOPLE DETAINED IN THE WELFARE centers had no intention of becoming refugees. They all have their documents, families willing to take them in and the means to support themselves. The men worked as fishermen or shopkeepers, and those who fled the fighting by boat paid at least 100,000 Sri Lankan rupees per person (about \$876) to escape. "We told all these things to the army commander," says a detainee, who also describes losing count of the number of letters he has written asking to be released. Fearing reprisals by the army, those in the camp ask to remain anonymous. They say they have enough to eat, clean water and latrines, but they just want to leave. "I feel like I'm going crazy," says another detainee. "I want to tell people that we are being kept without any reason."

The Sri Lankan government insists that its human-rights record is excellent compared with that of the Tigers. "In a war situation, you can't stop violating human rights in small ways," says Lakshman Hulugalle, a spokesman for the Sri Lankan Defense Ministry. "In Iraq, how many innocent people were killed?" Hulugalle says any concerns raised about the army's practices should also acknowledge the abuses of the LTTE and that there are many. Indeed there are. People from the Vanni say they left home not just to escape the fighting but also to get away from the forced recruitment of their children and from forced labor, which the Tigers used to build a massive, booby-trapped trench around parts of their stronghold in the jungle.

The detention of civilians serves a strategic purpose for the army as well. In the past, the Tigers were often able to recapture territory by sending guerrilla fighters into the general population. That's still a potent tactic. On Feb. 9, a female suicide bomber killed 28 people, including 20 soldiers, at a screening point for IDPs. This kind of asymmetrical warfare—the LTTE was the global pioneer in the use of suicide bombers—allowed a few thousand fighters to hold their own for decades against the Sri Lankan army's 50,000 soldiers. So the most recent army offensive uses a new strategy. The military clears people from every stretch of territory it captures. Those displaced must either seek shelter deeper in Tiger territory or surrender to government forces, which move them into camps. The result is a sort



of scorched-earth policy that has helped the army capture and keep control of territory that the Tigers have held for more than a decade.

### Facing the Gauntlet

KEEPING THOSE AREAS MAY PROVE MORE complicated. In the district of Mannar, for example, which the army has considered "liberated" since last July, people live under an unofficial curfew that turns the end of every workday into a race to get home before dark. Checkpoints are everywhere—in some cases within 165 ft. (50 m) of each other—and can turn a 15-minute trip into an hour-long ordeal, as soldiers question anyone whose identification papers mark

**On guard** Sri Lankan soldiers, above, monitor a causeway in the island's northwest, near Mannar, a district held until last July by the separatist Liberation Tigers of Tamil Eelam

him or her as an outsider or a possible LTTE member. Few people outside Mannar are aware of the extent of the militarization. Journalists are not allowed free access, and it is forbidden to take pictures of any military personnel or installation—not



even the 16th century Portuguese fort at the tip of Mannar Island, which is used as an army camp.

Such security measures, like the detention camps, have so far prevented the Tigers from taking back Mannar. But this strategy may not be sustainable throughout the Tamil-majority areas of the north and east. The Sri Lankan government holds up the eastern province of the nation as a model of postconflict governance; the army took control of the area in 2007, and the government held local elections last year. But even in the east, 50 civilians were killed in November alone, according to local media, in violence involving two former Tiger factions as well as military

and paramilitary forces. This growing insecurity, says Paikiasothy Saravanamuttu, executive director of the Centre for Policy Alternatives, a public policy institute based in Colombo, is a result of the government's failure to think beyond its military strategy. "You can snatch a political defeat from the jaws of military victory," Saravanamuttu says.

### Going for Broke

THOUGH MANY OUTSIDE SRI LANKA HAVE called for a political settlement, President Mahinda Rajapaksa has staked his leadership on a military defeat of the LTTE. Since taking office in 2005, he has redefined the conflict as a "war on ter-

rorism" and cast himself as a son of the soil, a loyal defender of the Sinhalese Buddhist majority. "The average Sinhalese person trusts him," says Saravanamuttu. "He's seen very much as a man of the people." The war has the overwhelming support of Sri Lanka's rural heartland in the south, and Rajapaksa is unlikely to seek a truce when triumph is finally within sight. All that remains is to find Velupillai Prabhakaran, the Tiger commander who has outlasted five Sri Lankan Presidents and is wanted for ordering the assassination of an Indian Prime Minister, Rajiv Gandhi.

If Rajapaksa can vanquish Prabhakaran, he will have just one foe left: the economy. The cost of the war may be more than the country can afford, with the defense budget far exceeding the government's revenue after servicing of the national debt. "It just doesn't work," says Harsha da Silva, an economist and consultant to the Asian Development Bank. A victory would reduce that spending but might also bring down with it a rural economy propped up by soldiers' salaries and pensions. In many villages, the army is the main employer, and without it, families will begin to feel the full effect of the global recession in the garment, tourism and tea industries—the three pillars of Sri Lanka's economy. The government's only response so far has been to tighten import controls and promote local agriculture.

For now, Rajapaksa looks like a man vindicated. If the LTTE is indeed defeated, a generation of Sri Lankans—including the children held in the camps of Mannar—will, for the first time, begin to live in a country that is not at war.

What will that country look like? It will still have its legendary natural beauty. Mannar's isolation has made it a paradise for birds such as the brilliant blue Indian rollers that skim over the salt marshes. And some are hopeful that with the end of the Tigers, there will be room for a new dialogue between Tamils and Sinhalese, says Ahilan Kadirgamar of the Sri Lanka Democracy Forum, an advocacy group. But for Tamils from LTTE territory, Kadirgamar notes, "their sense of citizenship will be determined by how they are treated." They may re-enter Sri Lankan society only to find themselves subject to security measures that fulfill the worst predictions of the Tigers' relentless propaganda about the persecution of Tamils. Rajapaksa's muscular, nationalist ideology appears to be winning the war. But it may be at the cost of the open, outward-looking, multiethnic character of the nation that Sri Lanka once tried to be. ■

# The Trouble With Repeat Cesareans

Many hospitals and doctors are refusing to let women even try to give birth the old-fashioned way once they have had a C-section. A look at why moms are pushing back

BY PAMELA PAUL

FOR MANY PREGNANT WOMEN IN America, it is easier today to walk into a hospital and request major abdominal surgery than it is to give birth as nature intended. Jessica Barton knows this all too well. At 33, the curriculum developer in Santa Barbara, Calif., is expecting her second child in June. But since her first child ended up being delivered by cesarean section, she can't find an obstetrician in her county who will let her even try to push this go-round. And she could locate only one doctor in nearby Ventura County who allows the option of vaginal birth after cesarean (VBAC). But what if he's not on call the day she goes into labor? That's why, in order to give birth the old-fashioned way, Barton is planning to go to UCLA Medical Center in Los Angeles. "One of my biggest worries is the 100-mile drive to the hospital," she says. "It can take from 2 to 3½ hours. I know it will be uncomfortable, and I worry about waiting too long and giving birth in the car."

Much ado has been made recently of women who choose to have cesareans, but little attention has been paid to the vast number of moms who are forced to have

them. More than 9 out of 10 births following a C-section are now surgical deliveries, proving that "once a cesarean, always a cesarean"—an axiom thought to be outmoded in the 1990s—is alive and kicking. Indeed, the International Cesarean Awareness Network (ICAN), a grass roots group, recently called 2,850 hospitals that have labor and delivery wards and found that 28% of them don't allow VBACs, up from 10% in its previous survey, in 2004. ICAN's latest findings note that another 21% of hospitals have what it calls "de facto bans," i.e., the hospitals have no official policies against VBAC, but no obstetricians will perform them.

Why the VBAC lash? Not so long ago, doctors were actually encouraging women to have VBACs, which cost less than cesareans and allow mothers to heal more quickly. The risk of uterine rupture during VBAC is real—and can be fatal to both mom and baby—but rupture occurs in just 0.7% of cases. That's not an insignificant statistic, but the number of catastrophic cases is low; only 1 in 2,000 babies die or suffer brain damage as a result of oxygen deprivation.



**Few options** To avoid another C-section, Barton plans to drive 100 miles to deliver in Los Angeles

After 1980, when the National Institutes of Health (NIH) held a conference on skyrocketing cesarean rates, more women began having VBACs. By 1996, they accounted for 28% of births among C-section veterans, and in 2000, the Federal Government issued its Healthy People 2010 report proposing a target VBAC rate of 37%. Yet as of 2006, only about 8% of births were VBACs, and the numbers continue to fall—even though 73% of women who go this route successfully deliver without needing an emergency cesarean.

So what happened? In 1999, after several high-profile cases in which women



**NUMBERS**

**50%**

**Increase in C-sections in the U.S. since 1996**

**8%**

**Percentage of C-section veterans who delivered vaginally in 2006**

**28%**

**Percentage of hospitals that don't allow such deliveries, per a new survey**

**0.7%**

**Percentage of women whose uterus ruptures during a vaginal birth after a cesarean**

undergoing VBAC ruptured their uterus, the American College of Obstetricians and Gynecologists (ACOG) changed its guidelines from stipulating that surgeons and anesthesiologists should be "readily available" during a VBAC to "immediately available." "Our goal wasn't to narrow the scope of patients who would be eligible, but to make it safe," says Dr. Carolyn Zelop, co-author of ACOG's most recent VBAC guidelines.

But many interpreted the revision to mean that surgical staff must be present the entire time a VBAC patient is in labor. While major medical centers and hospitals with residents are staffed to provide

this level of round-the-clock care, smaller hospitals typically rely on anesthesiologists on call. Among obstetricians, many solo practitioners are unable to stay for what could end up being a 24-hour delivery; others calculate the loss of unseen patients during that time and instead opt to do hour-long cesareans, which are now the most commonly performed surgeries on women in the U.S.

Some doctors, however, argue that any facility ill equipped for VBACs shouldn't do labor and delivery at all. "How can a hospital say it can handle an emergency C-section due to fetal distress yet not be able to do a VBAC?" asks Dr. Mark Landon, a maternal-fetal-medicine specialist at the Ohio State University Medical Center and lead investigator of the NIH's largest prospective VBAC study.

Part of the answer has to do with malpractice insurance. Following a few major lawsuits stemming from VBAC cases, many insurers started jacking up the price of malpractice coverage for ob-gyns who perform such births. In a 2006 ACOG survey of 10,659 ob-gyns nationwide, 26% said they had given up on

VBACs because insurance was unaffordable or unavailable; 33% said they had dropped VBACs out of fear of litigation. "It's a numbers thing," says Dr. Shelley Binkley, an ob-gyn in private practice in Colorado Springs who stopped offering VBACs in 2003. "You don't get sued for doing a C-section. You get sued for *not* doing a C-section."

Of course, the alternative to a VBAC isn't risk-free either. With each repeat cesarean, a mother's risk of heavy bleeding, infection and infertility, among other complications, goes up. Perhaps most alarming, repeat C-sections increase a woman's chances of developing life-threatening placental abnormalities that can cause hemorrhaging during childbirth. The rate of placenta accreta—in which the placenta attaches abnormally to the uterine wall—has increased thirty-fold in the past 30 years. "The problem is only beginning to mushroom," says ACOG's Zelop.

"The decline in VBACs is driven both by patient preference and by provider preference," says Dr. Hyagriv Simhan, medical director of the maternal-fetal-medicine department of Magee-Womens Hospital of the University of Pittsburgh Medical Center. But while many obstetricians say fewer patients are requesting VBACs, others counter that the medical profession has been too discouraging of them. Dr. Stuart Fischbein, an ob-gyn whose Camarillo, Calif., hospital won't allow the procedure, is concerned that women are getting "skewed" information about the risks of a VBAC "that leads them down the path that the doctor or hospital wants them to follow, as opposed to medical information that helps them make the best decision." According to a nationwide survey by Childbirth Connection, a 91-year-old maternal-care advocacy group based in New York City, 57% of C-section veterans who gave birth in 2005 were interested in a VBAC but were denied the option of having one.

Zelop is among those who worry that "the pendulum has swung too far the other way," but, she says, "I don't know whether we can get back to a higher number of VBACs, because doctors are afraid and hospitals are afraid." So how to reverse the trend? For one thing, patients and doctors need to be as aware of the risks of multiple cesareans as they are of those of VBACs. That is certain to be on the agenda when the NIH holds its first conference on VBACs next year. But Zelop fears that the obstetrical C-change may come too late: "When the problems with multiple C-sections start to mount, we're going to look back and say, 'Oh, does anyone still know how to do VBAC?'" ■

# Kate

Intense, ambitious and only slightly panicked, Kate Winslet is the finest actress of her generation. By Mark Harris

IT'S 11 DAYS BEFORE THE ACADEMY Awards, and Kate Winslet is giving her third best performance of the year. The occasion is a lunch at New York City's Oak Room at which 100 or so invited guests have gathered to honor her performance in Stephen Daldry's *The Reader*. This particular publicity event, orchestrated in the 26th mile of the Oscar marathon, has multiple purposes: it's designed to entice any wavering voters in the few days before the last postmark lands on the last ballot. It's also intended to defuse complaints that the movie's treatment of the Holocaust is too manicured. Thus, Elie Wiesel has been drafted to host the meal, which would have been a masterly counterstroke of damage control for distributor Harvey Weinstein had Wiesel not bailed at the last minute to attend—oh, bitter irony of the red-carpet campaign trail!—a bris.

*Mark Harris is the author of Pictures at a Revolution: Five Movies and the Birth of the New Hollywood*





Photograph by Brigitte Lacombe

But above all, this midday fete is engrossed to give the movie's star one final turn in the spotlight. By the time Winslet arrives, she has already participated in several hours of diligent self-exposure that day, illuminating for both Larry King and the women of *The View* the complexities of pretending to have sex with Leonardo DiCaprio in the bleak marital drama *Revolutionary Road* while the film's director, Sam Mendes—her husband—watched.

If she is fatigued, she never betrays it. An eager, insistent clot of people pushes toward her, and somehow she manages to greet each well-wisher with a fractional recalibration of body language that suggests a wordless surge of elated surprise on her part: Oh, it's you! You're the one I've been most hoping to see, and how wonderful that we share that secret knowledge! To achieve this effect, Winslet must appear, at every minute, to be not only the most interesting person in the room but also the most interested. This is not easy, and she does it very well. People walk away feeling glowy, sated and privileged. She has made them feel that way, and not out of actressy affectation, but because right now, it's her job.

Of course, Winslet would rather be acting onscreen, which is, she says, "the one thing that I do for myself"—and lately the thing she has been doing better than just about anyone else. In an industry that insists that most actresses remain giggly, pliable and princessy well into middle age, Winslet has somehow avoided that pigeonhole entirely. She doesn't play girls; she never really has. She plays women. Unsentimentalized, restless, troubled, discontented, disconcerted, difficult women. And clearly, it's working for her. Her two most recent performances—as Hanna Schmitz, the illiterate former concentration-camp guard in *The Reader*, and as April Wheeler, the anguished, rageful 1950s wife and mother in *Revolutionary Road*—have earned her two Golden Globes, a Screen Actors Guild prize, a British Academy Award (BAFTA) and her sixth Oscar nomination, a bench mark that no actor so young has ever reached.

At 33, Winslet has become not only the finest actress of her generation but in many ways also the perfect actress for this moment. She's intense without being humorless. She's international in outlook (though raised in Reading, England, in a middle-class family of working actors, she now lives in New York City and won those Oscar nominations for playing three Americans, two Brits and a German). She's ambitious but cheerfully self-deflating, capable of glamour but also

## Faces of Kate. Four of her six roles that have courted Oscar



**Titanic**

*The box-office titan gave Winslet her first Best Actress nomination*



**Sense and Sensibility**

*She charmed critics in this film of Jane Austen's classic*



**Eternal Sunshine of the Spotless Mind**

*Her hair was electric, her performance electrifying*



**The Reader**

*It's won her a Golden Globe, a BAFTA and her sixth Oscar nod*

expressive of a kind of jolting common sense. She has a strong professional ethic, which she somehow balances with her domestic life (she and Mendes have a son, Joe, 5, and Winslet has a daughter, Mia, 8, from her first marriage—she takes both kids to school most days). And, cementing her status as an icon of the Era of New Seriousness, she really likes hard work. Assuming she's paid her taxes, are there still any openings in the Cabinet?

"I come from a long line of real cart horses," says Winslet the day after the lunch. "Very stoic, insides-made-of-iron people. So I can take anys \_\_\_\_ you can fling at me. I can cope with any workload. I can deal with lack of sleep. I can multitask like you've no idea. But two weeks ago, I actually had a panic attack." She leans forward on a sofa in Mendes' production office in Manhattan's shabby glam Meatpacking District and smiles. "My first one. I didn't know what it was! It was a little like when your water [breaks], and you think, Did I just pee a bit, or is this it? I called my sister and said, 'I can't breathe, and I feel like I've got a brick on my chest and I'm seeing funny, and it sounds like everyone's talking to me in Hebrew.' She said, 'Yeah, that's a panic attack.'"

That seems a reasonable reaction for someone who has spent the decade since the historic success of *Titanic* making sure she's an actress first and a celebrity only when useful; the YouTube universe, in which every utterance is rewound, scrutinized and parsed, is new to her. When she succumbed to some teary emotionalism at the Globes, the *Times* of London called her acceptance speech a "disaster" and warned direly that her exuberance was insensitive to the "darker, crueler" mood of an America in economic collapse. Try processing critiques like that while smiling warmly on camera as Oprah Winfrey tells you how much she approves of your implant-free breasts. You'd hyperventilate too—especially if, for the first time in memory, you don't have a job lined up. After a couple of years of high-pressure work, Winslet hasn't chosen her next role and says she's looking forward to spending some time at home in a steady routine. But, she adds, "I know how long it's going to be before I feel, O.K., I really have to know what I'm doing next, or I'll freak out! I know myself, and it's only a matter of time."

For the most part, though, Winslet's professional m.o. isn't hysteria. "Once I've dealt with something, got it all out—you know, vomited and wept and had the big discussion," she says, "I move on." She approaches her characters with curiosity and determination, with an anatomist's



**Mirror, mirror** Winslet on the set of *Revolutionary Road*. "I think what connects these characters is that they want to have clarity," she says of her roles

keenness to discover what makes them tick rather than a narcissist's desire to refashion them into glibly "relatable" versions of herself. She annotates every corner of her script, which resides in a satchel with a Dictaphone, a notebook, a camera, a pencil case, snapshots and any other tools she thinks she'll need. She's hungry, persistent, questioning. Winslet says the only fight she and her husband ever had about *Revolutionary Road* happened at their dinner table one evening after Mendes, an Oscar winner for *American Beauty*, had spent a long rehearsal day doing exploratory character work with all her co-stars.

"Sam is brilliant at saying to actors, 'Tell me about this character: Does she go to church? What does she think about at 11 in the morning?'" says Winslet. "I kept waiting for my turn." It never came. "He took it for granted that I was ready, and he said, 'I can't talk about it 24 hours a day.' And I just lost it. I said, 'I'm sorry, but you're gonna have to. You're my director, and if I wasn't playing April and the actress playing April phoned you, you'd leave your dinner to go cold and take that call for two hours in the other room! I know you would because I saw you do it with Jake Gyllenhaal!'" she

**'In her real life, she likes to keep things simple. But she's drawn to roles that seem like puzzles.'**

—SAM MENDES, DIRECTOR

says, recalling *Jarhead* and laughing as she re-creates her mini tantrum.

Winslet won her point, but that's about as diva-ish as she gets. The kind of behavior that could get her called a movie star spooks her; she started running away from the label in 1998, desperate to escape *Titanic* mania, and if it's gaining on her, she doesn't want to know. "For her, it reflects a lifestyle she doesn't aspire to," says Mendes. "And also, if you call yourself a movie star, the next movie you're in will probably prove that you're not." Movie stars have projects built around them; Winslet seeks out movies in which she can serve a director or story by becoming an essential support beam in the film's overall architecture. Movie stars usually want more—more words, more screen time, more veto power; she wants less. When

the playwright and screenwriter Doug Wright worked with her on *Quills* in 2000, he recalls, Winslet told him "with great tact, 'Doug, I'd never say a word against your writing, but this line? This one here? ... I don't have to say it. I can do it with my eyes.' It was the best lesson in screenwriting I've ever been given."

More than any of her peers, Winslet can shape her greatest moments within those silences. In *The Reader*, she bares her character in the piercing looks of lust, suspicion, self-loathing and judgment that Hanna directs at her young lover and in her terrible stares of incomprehension during her trial. And *Revolutionary Road* pivots on the scene in which April, sitting on the beach next to her husband, realizes that he is never going to keep his promise that they'll move to Paris—that he will always ultimately fail her. It's a shattering realization that Winslet conveys not only mutely but behind dark glasses.

"I kept saying, 'Sam, should she really be wearing the glasses? Shouldn't I just prop them on the top of my head?' And he said, 'Absolutely not!' So I thought, Well, I trust him completely, and this is a whole new challenge—someone has taken my eyes away. But the silences are where I

have learned the most about the job that I do. They're where I learn to think."

Winslet's pre-*Titanic* breakthrough came when she was still in her teens, in 1995's charming *Sense and Sensibility*. But beginning with her portrayal of Clementine, the psychedelic-haired femme semi-fatale who radiates crazy in 2004's *Eternal Sunshine of the Spotless Mind*, a darker, richer phase of her career began to bloom. With the 2006 drama *Little Children*, in which she plays a suburban mom whose fear that she is becoming a cliché propels her into an affair, and her two latest movies, her appetite for a certain kind of role—"angst-ridden women," she says, owning up to it immediately—has become unmistakable. "In her real life, she likes to keep things very simple," says Mendes. "But she's drawn to roles that seem like puzzles that need to be explored or mazes that need to be entered, even if she doesn't know how to get out."

Winslet's attraction to those roles is something of a mystery even to her. "It's a funny thing," she says. For a few seconds, her articulate, free-associative, appealingly profane conversational style deserts her. "I almost...don't know. If I had a therapist, I'm sure they would identify it. Clearly, it's not coincidental. Do I feel trapped? No, not at all. Have I experienced feelings of serious entrapment in my life? Absolutely, yes, without question—and I haven't known that I was trapped until it's all come crashing down. And only then have I realized that there's a fire in me that won't be put out, and, my God, I can't believe I just said that! What a wacky-actor thing to say!" She sits back, unwraps a pouch of tobacco and rolls a cigarette, a habit she says she'll work on shedding after the Oscars. "I think what connects these characters is that they want to have clarity—not necessarily freedom, just the chance to take a moment and say, 'Now what do I do?'"

But that's where Winslet's identification with them ends. Playing *The Reader's* Hanna was, she says, "like staring down a long, dark tunnel and searching for a fleck of light at the end, but there f---ing isn't one. There was nothing of her that I could relate to. Just nothing." When Daldry approached her about replacing Nicole Kidman, who had left the project in January 2008 after becoming pregnant, "I was concerned about whether I was skilled enough," Winslet says. The nudity required for the film's sex scenes didn't unsettle her—though she now says, "I think I won't do it again: a) I can't keep getting away with it, and b) I don't want to become 'that actress who always gets her kit off.'" But she wondered if she could handle a German accent, play Hanna convincingly



## At some point during a movie, Winslet will usually turn to her director and ask, 'Why did you want me to play this part?'

into old age and find a foothold in a character who exemplifies the banality of evil. "You don't have to make the audience like you. And not worrying about that makes the job much more interesting," she says. "But I did say to myself, Come on, Kate. You don't have to humanize her, but you do have to understand her."

At some point during a movie, Winslet will usually turn to her director and ask, "Why did you want me to play this part?" "I'd really like to know!" she says, laughing. "Is it because of my jawline, or is it something else? Please tell me it's something else! It's really important for me to know why I'm there, because then I know what's expected of me."

The insecurity, says Daldry, is "incredibly charming. She's not panicking. She's already done tons of research. But she's genuinely seeking an engagement with you. She feels great responsibility for bringing what's needed to whatever the circumstances around her demand. That's one of the things that a proper leading lady does."

That sense of responsibility has always



### Star Turns

For a gallery of Kate Winslet's 10 best roles, go to [time.com/kate](http://time.com/kate)

been part of Winslet's makeup, although she says that in her 20s, she had to balance it with her dread of being thought an "arrogant young actor." Between 1993 and 1998, she kept a journal chronicling those uncertainties. "I've always been very, very aware of wanting to be understood as being the person that I really am," she says. So, partly in order to figure that out, she started to write, detailing the years-long arc of her relationship with a man 12 years her senior that began when she was still a teenager, her first trip to the Oscars, their breakup, her grief over his death in 1997, the making and release of *Titanic*, a list of every movie she turned down in its wake (she's too discreet to name them), the beginning of her first marriage and her bewilderment over what Hollywood wanted her to become. (Interested publishers are advised not even to bother asking.) Several years ago, worried about leaving the diaries behind as she globe-hopped from one job to the next, she locked them in a safety-deposit box in London. The morning after she won the British Academy Award for Best Actress, she decided to retrieve them and revisit her younger self, a girl who was "absolutely desperate to be out in the world on my own two feet."

"I was struck to discover that I was truly the same person back then. But in the diary, I write several times, 'I'm not sure I should really be working. I've got to learn more. I have to catch up with myself.' Well, I feel I've caught up with myself now," Winslet says. "With these roles, I've just closed a big chapter in my life. I feel that only in the last two years could I look someone in the eye and say, 'I know how to act' and really maybe mean it." She hesitates for a hairsbreadth. "Notice I said *maybe*."

Tell your people you are

# Working From Phone

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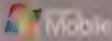
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A new study shows leadership  
is often just loudership: why  
bigmouths wind up in charge

CUBICLE CULTURE, PAGE 48

# Life

□ SOCIAL NORMS □ TECHNOLOGY □ HEALTH □ CUBICLE CULTURE



## SOCIAL NORMS

### Bunking In With Mom And Dad.

A recession leads to more middle-aged boomerangers

BY LAURA KOSS-FEDER

JENNIFER BLISS WAS NO FLEDGLING lawyer when she moved back in with her parents. At 39, she had burned through her retirement funds after losing her law-firm job in July 2007. She gave the bank the keys to the home she was unable to sell in Grand Rapids, Mich., and last November, she packed up her two Great Danes and moved about 60 miles, to Lansing, to live with her mother and stepfather. "This has been awful," says Bliss, who has sent out some 600 résumés nationwide looking for legal work or a managerial position in another field. "I went to law school to have a solid profession so that I wouldn't wind up in a situation like this."

The term *boomerang children* used to refer to young adults

**Close quarters** To pool resources, Melissa and John Kreuzer, seated, live with their folks in San Jose, Calif.

moving back in with their parents, but the recession is forcing people in their 30s and 40s and older—often with a spouse and kids in tow—to bunk in with the 'rents until they regain their financial footing. Since the recession began in December 2007, the U.S. has lost 3.6 million jobs. An AARP survey released in May found that more than a third of retirees have had to help a child pay bills in the past year. And the number of multigenerational households has increased from 5 million in 2000 to 6.2 million in 2008, according to AARP. Cramped quarters, wounded pride and general anxiety about the global economic crisis do not the most pleasant living situation make. But there are ways to ease the transition.

#### Talk about expectations.

And be sure to discuss one another's needs up front, says Brian Carpenter, a psychology professor at Washington University in St. Louis, Mo. Failure to do so can lead to a lot of friction. That's what happened when Michael Gallagher, 40, moved in with his mother in Los Angeles in October 2007 after he was downsized from his job as an audio engineer. "When he came home to live, I was thinking 'family,' and he was thinking 'roommate,'" says BJ Gallagher, 59, an author and a video producer. "I would feel bad when he wouldn't say hello when he walked in the door." At the same time, her son felt she was

checking up on him and "lurking" around, she says. "We both ended up disappointed and annoyed until we discussed it and dealt with it."

Donna Butts, executive director of Generations United, an intergenerational advocacy group based in Washington, says it's a good idea to create an approximate timetable for achieving specific goals (à la "get a job," "move out").

**Build in privacy.** If possible, everyone should have at least some space of his or her own. For instance, when Michael

our own space. There was no way around that," BJ says of the rearranging she did to accommodate her son.

#### Share household expenses.

Pay parents rent, or help with bills, and take over chores like mowing the lawn. "This way, everyone is helping in some way, and no one feels taken advantage of," says Elizabeth Carll, a psychologist in Huntington, N.Y., who is an expert on dealing with stress. Bliss does all the cooking and cleaning. Michael Gallagher buys his



**This too shall pass** Rents have come down, and the Kreuzers, seated, and their two toddlers are moving to a town house in March

Gallagher took over the part of his mother's house that she had been using as an office, she moved her computer and video equipment into a much smaller room adjoining her bedroom. "We each needed

own food, and beyond that, his mother says, he has "paid in trade" by persuading her to have the hip replacement she had needed for a while and by taking care of her postsurgery.

**Grandparents rule.** In late 2006, John Kreuzer, 30, and his wife moved from Portland, Ore., into his in-laws' house in San Jose, Calif., because he got a p.r. job in Silicon Valley. They decided to keep staying there—with their two little kids—because Kreuzer's father-in-law was laid off. As the job market got tighter, it just made sense for everyone to share living expenses in such a high-cost area, Kreuzer says.

Along the way, there have been differences of opinion when it comes to child-rearing. Kreuzer has explained to his children that they must abide by their grandparents' rules, e.g., no roughhousing indoors. "My in-laws really help out with the kids while my wife and I are working," he says. "I know that once we move out, my children will miss their time together with Grandma and Pop-Pop." *Once we move out?* That brings up one last point.

**Be realistic.** The economy has to turn around someday, and in the meantime, rents are falling. In March, Kreuzer and his family are moving into a nearby town house with rent so cheap, he can continue to help his in-laws pay their monthly bills. Michael Gallagher also found a killer deal on a rental. He moved out of his mom's place in November, but she has yet to rearrange her stuff. "I'm not moving anything back just yet," she says. "With this awful economy, he could boomerang right back in here."

#### TECHNOLOGY

## Web Watch. Her Majesty goes 2.0



And it came to pass that Her Majesty the Queen of England decided her website needed a little juice-up. Thus Queen Elizabeth stood before her subjects and held aloft the royal remote control, and behold, there appeared on a screen behind her what nobles and seers would come to call

QE2.0, the revamped [www.royal.gov.uk](http://www.royal.gov.uk). Her Maj has had a Web presence since 1997, but her relaunch party was big enough to attract Tim Berners-Lee, the man credited with inventing the Web. The site's innovations include a map-calendar feature that plots where the royal family will be appearing and a virtual tour of

Windsor Castle, showcasing all you can do with classical sculpture, portraiture and gold trim. Plus, there's a YouTube channel with videos of the Queen and her relatives as they go about the family business of talking to strangers. Watch, and thank your lucky stars you're not royalty.

—BY BELINDA LUSCOMBE

# How to Look Young: Eat More. Doctors studying identical twins uncover the surprising effects behavior has on aging

BY JOHN CLOUD

IT'S A QUESTION SURELY AS old as vanity itself: How can you look young forever? A study just published in the journal *Plastic and Reconstructive Surgery* offers one surprising idea: as you age, don't be afraid to put on a few pounds. Fat, it turns out, can significantly smooth out wrinkles and give you a younger-looking face.

The authors of the new study, a team led by Dr. Bahman Guyuron of Case Western Reserve University in Cleveland, are plastic surgeons who study faces for a living. They analyzed photographs of 186 pairs of identical twins taken at the Twins Days festival, a sort of twin-pride event held every summer in (naturally) Twinsburg, Ohio. Because each pair had identical genetic material, differences in how old they looked could be attributed entirely to their behavioral choices and environment. Guyuron's team had the twins fill out extensive questionnaires about their lives—everything from how many times they had married to whether they regularly used sunscreen. Then a panel of four judges independently estimated the twins' ages by looking at photos taken in Twinsburg.

The Guyuron team's most interesting findings had to do with weight. Differences in how old the twins looked began to appear when one had a body mass index (BMI, a statistical measurement of weight that takes height into



## Weight

Judges' estimate: twin on left 6.25 years younger

Age at time of photo: 58

### BACKGROUND

The twin on the left was 70 lb. heavier (a 14.6-point difference in BMI)



## Smoking

Judges' estimate: twin on right 1.75 years younger

Age at time of photo: 52

### BACKGROUND

The twin on the left smoked cigarettes, but her sister said she did not



## Sun

Judges' estimate: twin on right 5 years younger

Age at time of photo: 69

### BACKGROUND

The twin on the left had more exposure to the sun

account) at least four points higher than that of the sibling. For twins under 40, the face of the heavier one looked significantly older. But surprisingly, after 40, that same four-point difference in BMI—which would translate to roughly 24 lb. for people who are 5 ft. 5 in.—made the heavier twin look significantly *younger*.

The study's authors theorize that "volume replacement"—that is, fat filling in wrinkles—accounts for the rejuvenated appearance of the over-40 twins. Of course, Guyuron, chairman of the plastic-surgery department at

University Hospitals Case Medical Center in Ohio, doesn't recommend that people gain weight just to look younger. Redistributing existing fat is another matter. There are plenty of plastic surgeons who are keen to help patients with facial fat-grafting, i.e., taking fat from some other part of the body and injecting it into the face to rejuvenate it.

The paper also makes clear that, weight aside, healthy living is crucial for keeping a youthful face. The siblings who smoked and didn't wear sunscreen looked significantly older than those

who avoided cigarettes and tanning. (Dermatologists say not wearing sunscreen is the most efficient method for acquiring a wrinkly face.)

Twins who had divorced also looked older, by about 1.7 years, than twins who had not. And they looked more elderly than those who had stayed single, which reinforces a raft of data showing that you are better off staying single than getting into a bad relationship.

Guyuron believes stress may be a common denominator in the twins who looked older. But efforts to alleviate stress—by self-medicating with alcohol, for instance, or taking antidepressants—also have the effect of making people look more aged. The twins who had avoided alcohol looked significantly younger than those who hadn't, and those who had taken antidepressants looked appreciably more senior. What a cruel thing; if the misery of your divorce doesn't age you, your attempt to treat it with Prozac will. Guyuron and his colleagues believe the latter fact has something to do with the drooping relaxation of facial muscles that antidepressants can cause.

If the previous paragraph bummed you out, there's always the comfort of a Lucullan meal, and if you're over 40, at least, enjoying food could actually make you look more youthful. There is a God after all. So this summer at the beach, instead of getting a deep tan and a beer buzz, stay inside and have an ice cream. Make it a double scoop.

## Why Bosses Tend to Be Blowhards.

A new study shows leadership is often just loudership: bigmouths take charge



### THE STUDY

Teams of four are observed as they compete to solve tough math problems

**THE FINDINGS**  
People are likelier to be perceived as leaders if they offer more answers, even if those answers are wrong

### BY JEFFREY KLUGER

**BOSSES MAY BE OVERRIDING,** but you have to admire their business acumen. Wouldn't you love to have the same smarts, the same ability to assess hard problems and reach creative solutions? Guess what: so would they. According to a new study in the *Journal of Personality and Social Psychology*, there's more reason than ever to suspect that your boss may be faking it.

Psychologists know one way to become a leader is simply to act like one. Speak up, speak well and offer lots of ideas, and people begin to do what you say. Yet what if someone acts like a boss but thinks like a boob?

To determine just how easily an all-hat-no-cattle leader can take control of a group, researchers at the University of California, Berkeley, devised a pair of tests. Cameron Anderson, associate professor

of organizational behavior, along with doctoral candidate Gavin Kilduff, recruited a group of 68 students and divided them into four-person teams. Each team was given the task of organizing an imaginary nonprofit group.

The teams' work sessions were videotaped, and afterward, the members rated one another on their level of group influence and their level of competence. A team of independent judges watched the tapes and performed the same evaluations. Both players and judges considered the people who spoke up the most to be higher in such qualities as "general intelligence." The ones who didn't speak much scored higher in traits like "conventional" and "uncreative."

But so what? Maybe the dominant personalities talked more because they indeed had more to offer. To test that theory, Anderson and Kilduff ran a second study with new volun-

teers, in which the skill being tested was more quantifiable than forming a nonprofit. This time it was math.

The volunteers, competing for \$400 in teams of four, set to work solving computational problems taken from the Graduate Management Admission Test (GMAT). Before the work began, the team members informed the researchers—but not one another—of their real-world math scores on the SAT. When the work was finished, the people who spoke up more were again rated as leaders and were likelier to be rated as math whizzes too. What's more, any speaking up at all seemed to do. People earned recognition for being the first to call out an answer, and also for being second or third.

But when Anderson and Kilduff checked the teams' work, a lot of pretenders were exposed. Often, the ones who were rated the highest were not the ones who gave the most correct answers. Nor were they the ones whose SAT scores suggested they'd even be able to. What they did do was offer the most answers—period. "Even though they were not more competent," says Anderson, "dominant individuals behaved as if they were." And the team members fell for it: fully 94% of the time, they used the first answer anyone shouted out.

None of this may come as a shock. You don't have to be a homeowner burned by the housing fiasco or a blue-stater screaming "I told you so!" to know that the people in charge don't always deserve to be. But if you think your boss is making stupid moves, maybe the best thing you can do is say so. Loudly and frequently. The result could be your getting promoted—or fired.



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# Heart to Heart

There are lots of ways to lead a heart healthy life—good diet, exercise and top-notch medical care. These are the basic ingredients for preventing and treating heart disease, the nation's No. 1 killer. Last year an estimated 80.7 million Americans lived with some form of cardiovascular disease, which in its various forms is responsible for more than 800,000 deaths a year, according to the American Heart Association. The stunning statistics are a wake-up call. Here's how to improve your odds with the proper prevention.

## The Truth About Cholesterol

There is no doubt that controlling bad cholesterol can make a life-saving difference.

By Robert H. Eckel, M.D.

A recent study has stirred a wide-ranging debate about whether people with no risk factors for heart disease, but with elevated levels of a marker for inflammation called C-reactive protein (CRP), should take statins, drugs that lower both CRP and LDL, or bad cholesterol. The Jupiter study also raises questions about the relative influence of inflammation versus LDL in the development of heart disease.

The Jupiter results show that people with high CRP levels who take statins and reduce their CRP levels cut their risk of heart attack and stroke significantly—but their LDL cholesterol levels fall dramatically, as well. This raises the question about whether the benefit comes from lowering CRP or lowering LDL cholesterol. That analysis remains to be done.

Until it is, it would be foolhardy to ignore LDL cholesterol. Evidence from both past and current studies points to the importance of keeping

LDL levels in check. The Jupiter trial doesn't change our belief about the benefits of lowering LDL cholesterol.

### Turn Your Life Around

The wisest course is to make lifestyle changes to combat high levels of LDL cholesterol until the debate is settled.

- **Maintain a healthy body weight**, usually a matter of eating less and exercising more. Although exercise doesn't lower LDL cholesterol very much, it helps to control weight and benefits your heart. What you put in your mouth is more important than physical activity for lowering LDL.

- **Become an informed eater.** Read food labels and ask about the types of oils and fats used in dishes prepared in restaurants. Cut way down on saturated fats (those that are solid at room temperature, such as butter and fat from meat and poultry), and try to avoid eating any trans fats (the kind often found in commercial baked goods and snacks).

- **Talk to your doctor** to determine your level of risk for heart disease and work out a treatment plan that's

best for you. Currently it's recommended that an optimal level of LDL cholesterol for everyone is under 100 mg/dL. If you do have heart disease, your LDL levels should be under 100 and perhaps under 70.

Your doctor will also be concerned about other risk factors such as high blood pressure, diabetes and smoking. Cholesterol is only one part of your heart-health picture. ●

**Robert H. Eckel, M.D.**, past president of the American Heart Association, is professor of medicine at the University of Colorado Denver School of Medicine.

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**80,700,000**

Americans have cardiovascular disease

AMERICAN HEART ASSOCIATION

# IF YOU HAVE HIGH CHOLESTEROL, YOU MAY BE AT RISK FOR ATHEROSCLEROSIS.

Atherosclerosis is the progressive buildup of plaque in arteries over time.



FOR ILLUSTRATIVE PURPOSES ONLY

**Talk to your doctor about high cholesterol and the risk for plaque buildup in your arteries.**

**These three important facts may help start the conversation.**

- Plaque buildup in arteries is a progressive disease called atherosclerosis that can start in early adulthood
- High cholesterol, family history of early heart disease, diabetes, and high blood pressure may play a role in the buildup of plaque
- CRESTOR® (rosuvastatin calcium), along with diet, lowers bad cholesterol and raises the good. And CRESTOR is approved to slow the progression of atherosclerosis in adults as part of a treatment plan to lower cholesterol to goal

**Talk to your doctor – and find out if it's time for CRESTOR.**

#### **Important Safety Information about CRESTOR:**

In adults, CRESTOR is prescribed along with diet for lowering high cholesterol. CRESTOR is also prescribed along with diet to slow the progression of atherosclerosis (the buildup of plaque in arteries) as part of a treatment plan to lower cholesterol to goal. CRESTOR has not been determined to prevent heart disease, heart attacks, or strokes.

CRESTOR is not right for everyone, including anyone who has previously had an allergic reaction to CRESTOR, anyone with liver problems, or women who are nursing, pregnant, or who may become pregnant. Your doctor will do blood tests before and during treatment with CRESTOR to monitor your liver function. Unexplained muscle pain and weakness could be a sign of a rare but serious side effect and should be reported to your doctor right away. The 40-mg dose of CRESTOR is only for patients who do not reach goal on 20 mg. Be sure to tell your doctor if you are taking any medications. Side effects occur infrequently and include headache, muscle aches, abdominal pain, weakness, and nausea.

#### **Please read the important product information about CRESTOR on the adjacent page.**

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.

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# IMPORTANT INFORMATION ABOUT CRESTOR® (ROSUVASTATIN CALCIUM)

Please read this summary carefully and then ask your health care professional about CRESTOR. No advertisement can provide all the information needed to determine if a drug is right for you. This advertisement does not take the place of careful discussions with your health care professional. Only your healthcare professional has the training to help weigh the risks and benefits of a prescription drug.

## WHAT IS CRESTOR?

CRESTOR is a prescription medicine that belongs to a group of cholesterol-lowering medicines called statins. Along with diet, CRESTOR lowers "bad" cholesterol (LDL-C) and increases "good" cholesterol (HDL-C). CRESTOR also slows the progression of atherosclerosis in adults with high cholesterol, as part of a treatment plan to lower cholesterol to goal.

## WHAT IS CHOLESTEROL?

Cholesterol is a fatty substance, also called a lipid, normally found in your bloodstream. Your body needs a certain amount of cholesterol to function properly. But high cholesterol can lead to health problems. LDL-C is called bad cholesterol because if you have too much in your bloodstream, it can become a danger to your health and can lead to potentially serious conditions. HDL-C is known as good cholesterol because it may help remove excess cholesterol. Common health factors such as diabetes, high blood pressure, smoking, obesity, family history of early heart disease, and age can make controlling your cholesterol even more important.

## WHAT IS ATHEROSCLEROSIS?

Atherosclerosis is the progressive buildup of plaque in the arteries over time. One major cause is high levels of LDL-C. Other health factors, such as family history, diabetes, high blood pressure, or if you smoke or are overweight, also play a role in the formation of plaque in arteries. Often this plaque starts building up in arteries in early adulthood and gets worse over time.

## HOW DOES CRESTOR WORK?

Most of the cholesterol in your blood is made in the liver. CRESTOR works by blocking an enzyme in the liver. Blocking this enzyme causes the liver to make less cholesterol. CRESTOR helps the liver absorb and use more cholesterol from the blood.

## WHO SHOULD NOT TAKE CRESTOR?

### Do not take CRESTOR if you

- have had an allergic reaction to CRESTOR or are allergic to any of its ingredients. The active ingredient is rosuvastatin calcium. The inactive ingredients are: microcrystalline cellulose, lactose monohydrate, tribasic calcium phosphate, crospovidone, magnesium stearate, hypromellose, titanium dioxide, yellow ferric oxide, and red ferric oxide.
- have liver problems
- are pregnant or think you may be pregnant, or are planning to become pregnant. CRESTOR may harm your unborn baby. If you become pregnant, stop taking CRESTOR and call your health care professional right away
- are breast-feeding. CRESTOR can pass into your breast milk and may harm your baby

The safety and effectiveness of CRESTOR have not been established in children.

## HOW SHOULD I TAKE CRESTOR?

- Take CRESTOR exactly as prescribed by your health care professional. Do not change your dose or stop CRESTOR without talking to your health care professional, even if you are feeling well
- Your health care professional may do blood tests to check your cholesterol levels during your treatment with CRESTOR. Your dose of CRESTOR may be changed based on these blood test results
- CRESTOR can be taken at any time of day, with or without food
- Swallow the tablets whole
- Your health care professional should start you on a cholesterol-lowering diet before giving you CRESTOR. Stay on this diet when you take CRESTOR
- Wait at least 2 hours after taking CRESTOR to take an antacid that contains a combination of aluminum and magnesium hydroxide
- If you miss a dose of CRESTOR, take it as soon as you remember. However, do not take 2 doses of CRESTOR within 12 hours of each other
- If you take too much CRESTOR or overdose, call your health care professional or a Poison Control Center right away or go to the nearest emergency room

## WHAT SHOULD I TELL MY HEALTH CARE PROFESSIONAL BEFORE TAKING CRESTOR?

Tell your health care professional if you

- have diabetes, thyroid, liver or kidney problems
- are pregnant or think you may be pregnant, or are planning to become pregnant
- are breast-feeding
- have a history of muscle pain or weakness
- drink alcoholic beverages
- are of Asian ancestry

Tell your health care professional about all medicines you take or plan to take, including prescription and nonprescription medicines, vitamins, and herbal supplements. Some medicines may interact with CRESTOR, causing side effects. It is particularly important to tell your health care professional if you are taking or plan to take

- cyclosporine (used after organ transplants)
- gemfibrozil (used to lower cholesterol)
- fibrates (used to lower cholesterol)
- macin (used to lower cholesterol)
- warfarin (used for thinning blood)
- lopinavir/ritonavir combination (used to treat HIV/AIDS)
- birth control pills that contain ethinodiol estradiol or norgestrel
- antacids containing aluminum and magnesium hydroxide (used for heartburn)

Know all of the medicines you take and what they look like. It's always a good idea to check that you have the right prescription before you leave the pharmacy and before you take any medicine.

Keep a list of your medicines with you to show your health care professional. If you need to go to the hospital or have surgery, tell all of your health care professionals about all medicines that you are taking.

## WHAT ARE THE POSSIBLE SIDE EFFECTS OF CRESTOR?

CRESTOR can cause side effects in some people. Serious side effects may include:

**Muscle problems.** Call your health care professional right away if you experience unexplained muscle pain, tenderness, or weakness, especially with fever. This may be an early sign of a rare muscle problem that could lead to serious kidney problems. The risk of muscle problems is greater in people who are 65 years of age or older or who already have thyroid or kidney problems. The chance of muscle problems may be increased if you are taking certain other medicines with CRESTOR.

**Liver problems.** Your health care professional should do blood tests before you start taking CRESTOR and during treatment to check for signs of possible liver problems.

The most common side effects may include: headache, muscle aches and pains, abdominal pain, weakness, and nausea.

This is not a complete list of side effects of CRESTOR. Talk to your health care professional for a complete list or if you have side effects that bother you or that do not go away.

## HOW SHOULD I STORE CRESTOR?

Store your medication at room temperature, in a dry place. If your health care professional tells you to stop treatment or if your medicine is out of date, throw the medicine away. Keep CRESTOR and all medicines in a secure place and out of the reach of children.

## WHERE CAN I GET MORE INFORMATION ABOUT CRESTOR?

Talk to your health care professional. Full Prescribing Information is available on [www.CRESTOR.com](http://www.CRESTOR.com) or by calling 1-800-CRESTOR.

## GENERAL ADVICE

It is important to take CRESTOR as prescribed and to discuss any health changes you experience while taking CRESTOR with your health care professional. Do not use CRESTOR for a condition for which it was not prescribed. Do not give CRESTOR to other people, even if they have the same medical condition. It may harm them. Keep CRESTOR and all medicines away from children. This summary provides important information about CRESTOR. For more information, please ask your health care professional about the full Prescribing Information and discuss it with him or her.

Visit [www.CRESTOR.com](http://www.CRESTOR.com). Or call the Information Center

at AstraZeneca toll-free at 1-800-CRESTOR.

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## Heart to Heart

# A Fatal Link

Heart disease is the most common and serious complication of diabetes.

By Theodore Mazzone, M.D.

For reasons we don't completely understand, people with diabetes have heart disease death rates about two to four times higher than those without diabetes. About 95% of people with diabetes have type 2, where the body's production of insulin is impaired but not shut off. Prediabetes, a condition in which glucose levels are abnormal but not high enough to make the diagnosis of diabetes, more than doubles the risk of death from a heart attack.

Unfortunately, the prevalence of both diabetes and prediabetes is escalating at an alarming rate, which means that we're likely to see an explosion of heart disease in the next ten to 20 years.

### Beating the Odds

There are effective ways of preventing or delaying the progression of prediabetes to full-blown type 2 diabetes. The key is lifestyle.

**33.6%**

of Americans (age 20+) have high blood pressure

AMERICAN HEART ASSOCIATION



If you're overweight and have prediabetes, taking off just ten to 15 pounds can reduce the risk of developing diabetes. You'll also need to become physically active. What exercise you choose is up to you. Something as simple as brisk walking is inexpensive, convenient and effective, but any brisk activity works as long as you participate regularly. It's not easy to start and even harder to commit yourself to a regular exercise schedule, but you'll enjoy a longer and healthier life once you do.

### Dealing with Diabetes

Although we don't have the complete answer, we now have effective ways of reducing the risk of heart disease in people with diabetes. Good blood pressure control and the use of statins are major players. If you have diabetes and don't have your blood pressure under control, talk to your doctor about what you can do. If you don't take a statin, ask why not.

### Medications à la Carte

New medications now allow us exceptional flexibility in treating diabetes, with an assortment of mix-and-match drugs that fit a patient's lifestyle, have minimal side effects and don't interact adversely with other medications. The really good news is that advances in medications have enabled us to significantly improve the quality and length of life of people with diabetes and reduce their chances of developing heart disease. ●

### The "Heart" of Diabetes

Enroll in this free education and awareness campaign by the American Heart Association to receive tips and information about better managing type 2 diabetes.

Log on to [iknowdiabetes.org](http://iknowdiabetes.org).

**Theodore Mazzone, M.D.**, chair of the American Heart Association Diabetes Committee, is professor of medicine and chief of the Section of Endocrinology, Diabetes and Metabolism at the University of Illinois at Chicago.





## Heart to Heart

# A Call to Action

It's better for your heart to be physically active than not. But how do you jump-start and stick to your plan?

By Barry Franklin, Ph.D.

No question about it: Regular physical activity cuts the risk of heart attack and stroke, improves the ratio of good cholesterol to bad, helps control blood pressure and reduces the risk of diabetes. And that's just the beginning. A recent study suggests that people who exercise regularly are biologically ten years younger than their sedentary peers. The Fountain of Youth? It's as close as your sneakers.

Heading out the door to exercise takes some effort. Here's how to ease your way into making physical activity a regular part of your life.

■ **Set down your exercise goals in writing** and look at them during the day. Successful people in all fields have written goals and refer to them often.

*Monday:*  
 ✓ Bike to/from work  
 ✓ Two laps around park during lunch  
  
*Tuesday:*  
 walk dog for 30 minutes  
 25 minutes floor exercise after work

■ **Use visualization.** Keep your ideal image of yourself in mind. Effective exercisers picture themselves healthier, more fit and leaner.

■ **Make exercise a priority.** Set aside a time and don't let anything interfere.

■ **Take action and start moving.**

If you don't exercise at all now, start with ten minutes three times a week and build up from there. People follow the principle of inertia: A body at rest tends to remain at rest and a body in motion tends to remain in motion. You may be surprised at how soon you'll begin to exercise longer than you had planned.

■ **Buy a pedometer** and determine the average number of steps you take each day. Build up gradually to 10,000 daily steps, which translates to five miles. If you're trying to lose weight, raise your goal even higher.

### Disguise Your Exercise

Incorporating physical activity into everyday life is just as important as setting up an exercise routine. You know the usual recommendations, such as taking the stairs instead of the escalator, but think beyond that.

One patient told me he's eliminated home extension phones, so whenever the phone rings he has to go upstairs to answer it. Another re-arranged her house so that it's less efficient than it had been: When she needs something in one room she has to go to another to get it. Modify your environment to take more steps rather than fewer. When possible, walk to a co-worker's office, rather than e-mailing.

There's no magic bullet to getting fit to help your heart. It's all in what you choose to do—or not do—on a daily basis. ■



### Start! Moving

Start! is the American Heart Association's national movement that encourages individuals and their employers to make walking and other healthy habits part of the workplace culture. To learn more, log on to [www.heart.org/start](http://www.heart.org/start).

Barry Franklin, Ph.D., chair of the American Heart Association's Council on Nutrition, Physical Activity and Metabolism, is director of the Cardiac Rehabilitation Program and Exercise Laboratories at William Beaumont Hospital in Royal Oak, Michigan.

# LET'S START A MOVEMENT THAT ACTUALLY REQUIRES =Movement=

The average life expectancy in America is only 78. That ranks us 38th in the world. Surprised? We were too. And as the leading cause of death in the US, heart disease is largely to blame. Being in the heart health business, we're not ok with that. Being an American, you shouldn't be either. So let's try and do something about it. Let's eat a little better, exercise a little harder and do what we can to try and raise that number. Should be fun.

*Get* HEALTHY LIFESTYLE TIPS TO HELP IMPROVE  
YOUR LIFE EXPECTANCY at [GoFor81.com](http://GoFor81.com).

ST. JOSEPH  
ASPIRIN





## Heart to Heart

# What's Your Risk?

Factors for heart disease such as blood pressure, cholesterol level, diabetes and age are only part of the story.

By Gordon F. Tomaselli, M.D.

Researchers are looking at a number of novel and emerging risk factors to learn why many people have heart attacks and strokes without any apparent causes. Inflammation, the body's response to injury or infection, poses a danger to the heart by stimulating the development of artery-clogging plaque. This process can occur even in people with normal cholesterol levels. One way to measure inflammation is by determining levels of a biomarker called C-reactive protein using a blood test called a high-sensitivity C-reactive protein test (hs-CRP).

Should you have your CRP level measured? If you're healthy, ask your doctor about your chances of developing heart disease in the next ten years. If your risk is low, you don't need the test. But if you have a 10% to 20% (intermediate) risk, your doctor may recommend it.

**Prettier Smile, Healthier Heart**  
Gum disease is essentially a chronic inflammation, so it's not surprising that people who suffer from it can have substantial elevations in CRP levels. This kind of chronic inflammation ratchets up the innate

immune system, the first line of defense against infection. The innate immune system is also involved in the development of plaque in the walls of the arteries, which can lead to a heart attack, and in the arteries of the neck, which might cause a stroke.

The studies relating gum disease to heart disease are small. Although we can't be absolutely confident of the association, treating gum disease is good for overall health in any case.

### An Emerging Risk Factor

High levels of the biomarker homocysteine, an amino acid, have been associated with increased risk of heart attack and stroke. Studies have shown that one reason for high levels is a lack of B vitamins, especially folate, which are needed to remove homocysteine from blood. Does lowering homocysteine levels reduce the risk? Unfortunately, it does not. Supplementing diets with B vitamins and folate has had no effect.

Although homocysteine may be a marker of risk, vitamin supplements don't seem to be the answer. It could be that homocysteine levels themselves aren't a true marker but rise when some as-yet-unidentified substance increases the risk. ●



**A biomarker is a useful measure of the progress of a disease, but a single biomarker never tells the whole story.**

In 2009, an estimated **785,000** Americans will have a new coronary attack, and about **470,000** will have a recurrent heart attack

AMERICAN HEART ASSOCIATION

Gordon F. Tomaselli, M.D., past chair of the American Heart Association Committee on Scientific Sessions Program, is professor of medicine in the Division of Cardiology and Molecular Medicine at the Johns Hopkins University School of Medicine in Baltimore.

This special advertising section was produced by TIME Custom Publishing with content provided by the American Heart Association. For questions about our sections, contact Laurie Evans at 212 522 0767.



stroke

heart disease

diabetes

## Is there a connection between the health of your mouth and the health of your body?

A growing body of evidence suggests that maintaining healthy teeth and gums is important not only to the health of your mouth, but may be important to your overall health.

Colgate Total has a unique, patented formula that creates a protective barrier that fights germs for a full 12 hours. That helps to prevent and reduce gum inflammation from gingivitis, a mild form of gum disease, which if left unchecked may lead to serious

gum disease. Emerging scientific research is associating serious gum disease with other diseases like heart disease, diabetes and stroke.

Learn more about the health of your mouth and the health of your body. Visit [ColgateTotal.com](http://ColgateTotal.com).



### COLGATE TOTAL. FIGHTS GERMS FOR 12 HOURS.



The ADA Council on Scientific Affairs' Acceptance of Colgate Total toothpaste is based on its finding that the product is effective in helping to prevent and reduce tooth decay, gingivitis and plaque above the gum line and bad breath, when used as directed.<sup>1</sup>

Colgate Total is approved for the prevention of gingivitis. Not approved for the prevention or treatment of serious gum disease or other diseases. Ask your dental or medical professional about the emerging research on the mouth-body association. ©2007 Colgate-Palmolive Co.

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To go Blu-ray, or not to go  
Blu-ray? Richard Corliss  
takes one for a spin

MOVIES, PAGE 61

# Arts

□ ARCHITECTURE □ MOVIES □ BOOKS □ SHORT LIST



## ARCHITECTURE

**Linking Lincoln Center.** Performing arts complexes want to connect with their neighborhood. One of them is succeeding

BY RICHARD LACAYO

WHEN LINCOLN CENTER FOR THE PERFORMING Arts was first proposed, in the mid-1950s, it was imagined as a sort of island of culture in the midst of Manhattan—a symphony hall, an opera house, a theater and a stage for ballet, all standing back a bit in their travertine glory from a neighborhood on the Upper West

Side that still had some very rough edges.

As the place opened in stages from 1962 to 1969, Lincoln Center turned out to be not just an island but an acropolis. At its northern and western boundaries, it sat on a platform 24 ft. (7.3 m) above the surrounding streets, as though it would just as soon not touch down with the locals. Those streets, after all, were so authentically funky that some of them had served

as locations for the film version of *West Side Story*. When you consider that the Jets and the Sharks used to flash their switchblades not far from where the Metropolitan Opera now stands, it's amazing that the island of culture didn't come with a moat and a drawbridge.

**Curtain up** The renovated Alice Tully Hall is paneled in an African wood called moabi

But shiny and aloof was how they did performing arts complexes back then, with lots of bright lights, white stone and dancing waters but not much connection to the neighborhood. In 1964 the Music Center of Los Angeles County was deposited into the nowhereville of downtown L.A., a part of the city where very few people actually lived. It wasn't just that the place didn't reach out to the neighborhood. There was no neighborhood to reach out to.

Seven years later, Washington celebrated the opening of the John F. Kennedy Center, a white marble extravaganza designed by Edward Durrell Stone, the era's go-to guy for Establishment swank. Within a single vast building, it held three theaters and a grand foyer that's one of the biggest rooms in the world. But it was also cut off from the city behind a rat's nest of roads and highways.

All three centers have been thinking in recent years about ways to weave themselves back into the cities they serve. But it's no easy thing. Following on the excitement created by Frank Gehry's Walt Disney Concert Hall, which was added to the L.A. Music Center in 2003, Los Angeles endorsed the \$3 billion Grand Avenue Project. That's a developer's proposal for Gehry designed condos, shops, restaurants and a hotel, plus a 16-acre (6.5 hectare) park, all in the general vicinity of the center. But ground-breaking is on hold until the developer, Related Urban, can secure the necessary loans. And these days, that could take a while.

As for the Kennedy Center, six years ago it announced plans to completely reinvent its setting. The \$650 million redesign, by the prominent architect Rafael Viñoly, envisioned a four-square-block fountain plaza built over that tangle of roadways, two sizable low-rise buildings that would face the center from across the new plaza, and a long boulevard of reflecting pools. The idea was to make the place more like part of an ensemble of pavilions, less like the lonely white palazzo that it remains—and will remain for some time. Two years after the expansion plan was unveiled, it was postponed indefinitely when Congress cut its share of the funding.

But with enough determination and inspiration—and reliable financing—transformation can happen. The proof is that this month, in the first part of a \$1.2 billion, multistage redesign of its 16-acre (6.5 hectare) campus, Lincoln Center will reopen Alice Tully Hall, its chamber-music auditorium, in a building ingeniously reconfigured to announce to anybody passing by, Come in, we're here, make yourself at home!

Alice Tully Hall, which shares space with the Lincoln Center Film Society, the Juilliard School of Music and the School

## 'At Lincoln Center, small gestures don't work.'

—ARCHITECT ELIZABETH DILLER, ON THE ALICE TULLY HALL RENOVATION



**Alice Tully Hall**

*The architects enlarged the lobby, enclosed it in glass, then slashed the corner to form a diagonal canopy*



**Walt Disney Concert Hall**

*Los Angeles has plans for a \$3 billion project to build homes, shops and restaurants in the Music Center area*



**The John F. Kennedy Center**

*An ambitious proposal to reconfigure the area around it was put on hold when federal funding disappeared*

of American Ballet, spent the past 40 years locked inside a squat stretch of travertine that would have been perfect for an FBI fingerprint lab. Completed in 1969 in the design idiom called Brutalism, it ran more than half the length of a city block with hardly a grace note or welcoming gesture. To make matters worse, a heavy pedestrian bridge that connected it to the main Lincoln Center campus, across 65th Street, cast a broad swath of that street into permanent shadow.

The people who have busted open that box are the architectural firm Diller, Scofidio + Renfro, working with the firm FXFowle. The husband and wife team of Elizabeth Diller and Ricardo Scofidio—they added Charles Renfro's name to the firm five years ago—were better known for years as thinkers, conceptual artists and seriously funny provocateurs. (One of their projects, the Blur Building, on a Swiss lake, was a "pavilion" that was mostly a fog of water vapor.) But over the past few years, they've proved that unconventional ideas can have solid, satisfying consequences. In 2001 they completed their first building, the ingenious Institute of Contemporary Art in Boston. Later this year, their highly original High Line Park will open along an abandoned elevated-railway line in lower Manhattan, a park that's a path.

To open up the Alice Tully-Juilliard building, Diller and her partners more or less exploded it. At one triangular corner they greatly extended the lobby, wrapped it in glass and stacked a glass-walled dance rehearsal space just above. That trans parent box cantilevers over the street to offer free performances for whoever walks by—like a jumbo Tron but with real people dancing inside it. "We were trying to strike a balance," says Diller, "between the monumental and the dematerialized." Then they sliced the new space with a multistory diagonal plane. It creates a giant triangular canopy that launches itself toward Broadway like a tsunami. "At Lincoln Center," Diller says, "small gestures don't work."

Inside, they repurposed the lobby as a local hangout. Now fitted with a long, aerodynamic limestone bar, it will be open to the public all day and into the night as a café, meaning you don't have to be a ticket holder to be there. (Though a lot of people will want to be, now that the Alice Tully concert hall has been voluptuously refashioned in a warm African wood.) And you don't even have to go inside to lounge on a pyramid of sidewalk bleacher seats that face into the glass-walled lobby so that the café scene becomes a show in itself. Try not to make a spectacle of yourself on either side of the window. But come to think of it, that's the point.



### Steady Art Beat

Richard Lacayo blogs daily about art at [time.com/lookingaround](http://time.com/lookingaround)



## MOVIES

# Blu Sensation.

It's the next generation of home movie-viewing—but does that mean you should go Blu?

BY RICHARD CORLISS

THEY'RE STARTING TO FILL THE RACKS IN video stores, in packages that look like the shorter siblings of DVDs. Netflix carries nearly 1,400 of them, along with 100,000 of the old models. They are Blu-ray discs. This Sony video format, having won a starring contest with rival HD DVD, is now officially the next generation in home entertainment. The promise is that movies will look better than ever, duplicating and perhaps surpassing the big screen experience. Manufacturers and film companies, investing billions in the process, want you to say, Wow! But first they want you to buy the stuff. A Blu-ray player is about \$200 to \$700, and the discs cost a few dollars more than DVDs.

The producers are pinning their hopes on Blu-ray for a simple reason: the DVD business, which accounts for most of their revenue, is in the doldrums, and a new format might spur a worldwide shopping spree for the latest application of a cool gimmick—like for PlayStation 3 or Wii, only more so. Yeah, but money's tight these days. Consumers want to know if they *have* to buy a Blu-ray or whether it's just an incremental improvement that will soon be rendered obsolete when high-quality movie downloads from the Internet become available.

We wondered too. So we bought a Blu-ray player and watched a couple of dozen current and classic movies on it. Here are some first thoughts from a veteran movie critic (who, trust us, is in no way a techno-whiz).

### Why to Get It

POP IN SOME TREASURED OLIE LIKE JOHN Ford's 1956 western *The Searchers* (a frequent entry point for Blu-ray connoisseurs), and voilà! Instant enlightenment. As the '40s film critic Cecilia Ager said when *Citizen Kane* opened, "It's as though you had never seen a movie before." Colors and textures are richly, plausibly vibrant, with an astonishing depth of field; all those Fordian shots of the Plains as seen from a ranch-house door lend equal clarity to the foreground and the far horizon. Blu-ray gives a 3-D impression, as if the figures in a scene were in your room; you could almost walk among and touch them. The sensation is the same with

**Pop in some treasured oldie like John Ford's *The Searchers*, and voilà! Instant enlightenment**

old black-and-white films like *The Third Man*, where the Vienna streets gleam with an almost erotic palpability. Any movie that looks good in another format—*Sleeping Beauty*, *Raging Bull*, *Chungking Express*, *The Passion of the Christ*—will look better on Blu-ray. Different, deeper, better. Realer.

Blu-ray also has a practical advantage: DVDs can be played on it. Every other upgrade in home entertainment—from 16 mm to laser disc to VHS and DVD—has meant the obsolescence of the previous format. This time you can embrace the new technology without mothballing your DVD collection. No awful separation anxiety.

As for the next-next generation of digital downloads, that will take a while—maybe quite a while. Bandwidth is still a problem; visual quality lags behind that of standard DVDs. What Blu-ray offers could be matched or exceeded by the Internet within a decade, but we believe tech maven David Carnoy, who writes on the authoritative website CNET, "Digital downloads will not eliminate the need for discs anytime soon."

### And Why Not To

DVDS ARE FINE. WE THOUGHT SO BEFORE Blu-ray and still do. They were a big advance over videocassettes in clarity and durability; whereas a cassette, like a vinyl record or an eight-track, deteriorated simply by being played, DVDs don't erode with age. *The Searchers*, *The Third Man*, *The Dark Knight* and *WALL-E* all look terrific on DVD. As terrific as on Blu-ray? Not quite. But what are we, eye doctors?

For better or worse, most fans don't want to study a movie; they want to watch it. The images serve the story, not the other way around. Blu-ray's crystal clarity, if people notice it, might actually detract from their involvement in the film. And the majority of movies can't be called visually sumptuous. You could watch a Will Ferrell or Adam Sandler picture on the oldest TV set, with tinfoil on the rabbit ears, and not miss the important stuff: the comic spectacle of men behaving like boys.

Even some high-end critics who cherish film as a visual art aren't sold on the format. "I did buy a Blu-ray," says Jim Emerson, whose cogent blog Scanners runs on rogerebert.com, "and I feel like a sucker. To me, some DVDs look more like 35 mm than Blu-ray does. In another 10 years, who is going to need a plastic physical disc to store digitized information? I think Blu-ray is a transitional format that won't last long."

But 10 years is a lifetime in entertainment technology; it's about as long as the age of DVD. Until the digital millennium arrives, Blu-ray is the best, and best looking, way to see movies at home. It's less than a revolution but more than a gimmick. ■

# Jungle Fever.

The legend of a lost city lured thousands of explorers—and one writer—into the deadly Amazon



BY LEV GROSSMAN

PERCY HARRISON FAWCETT WAS THE quintessential dashing late-Victorian explorer. Almost too late—he was born in 1867, when the world was starting to run low on terra incognita. Tall, steely and virtually indestructible, he spent much of his life mapping the Amazon basin. In 1925 he set out to find a legendary city he called Z, a glittering oasis of civilization supposedly sequestered deep in the jungle. Whereupon the jungle, having nibbled at him for decades, ate him alive.

Before he left, Fawcett remarked, "If with all my experience we can't make it, there's not much hope for others." About that much he was

right. Dozens of search parties followed him in—Peter Fleming, brother of the writer Ian, was among them—and as many as 100 people died in the hunt. One of the unluckiest Fawcett hunters, and possibly the last, is David Grann, a 40-year-old journalist who, by his own admission, doesn't even like camping. In 2005 he too entered the Brazilian jungle. Fortunately for him, he came out again. He wrote about his ordeal, and Fawcett's, in *The Lost City of Z* (Doubleday; 339 pages).

Grann's journey, shadowing Fawcett's, is actually the least interesting part of the book. (For a livelier account of an innocent's adventures in the jungle, look up Redmond O'Hanlon's classic *Into*

## FIRST LINE

On a cold January day in 1925, a tall, distinguished gentleman hurried across the docks in Hoboken, New Jersey, toward the SS *Vauban*, a five-hundred-and-eleven-foot ocean liner bound for Rio de Janeiro.



**Mystic river**  
Fawcett vanished into the jungle in 1925

*the Heart of Borneo.*) You never quite get a fix on what Fawcett means to Grann, and you find yourself wishing, uncharitably, that he would narrowly escape death a little more often. What keeps you going is the backstory. The theory that the Amazon basin conceals the capital of an advanced civilization has a long history—it's one of those ideas that's just too romantic to die. As early as the 16th century, the conquistadores were pouring men into the emerald hell to find it. They called the city El Dorado, the Gilded One, because its king supposedly powdered himself with gold dust.

By the time Fawcett went in after Z—as he had cryptically renamed it—the theory had been largely discredited, but he figured that if he hacked through the jungle instead of following rivers, he would find what others had missed. At stake was not just a material fortune but an intellectual victory. Conventional wisdom said that despite all its lush abundance, the Amazon region could never support an evolved, sophisticated human society—it was, in the phrase of an archaeologist, a "counterfeit paradise." Fawcett believed otherwise.

In the years that followed his disappearance, looking for Fawcett practically became a fad. One would-be rescuer, an English movie

**One would-be rescuer was found years later 'floating, naked and half-mad, in a canoe.'**

actor named Albert de Winton, was found by some Indians years later "floating, naked and half-mad, in a canoe." (They promptly killed him.) In 1979, Fawcett's signet ring came to light in a shop in Brazil. The man himself never did.

But the strangest twist in the story may be yet to come. Grann doesn't find Fawcett, but he does meet an American archaeologist who lives, Kurtz-like, with a tribe of Indians deep in the jungle. His work suggests that Z may actually have been more than a figment, and that once upon a time the counterfeit paradise was a real one. Fawcett may have been right after all. But he was too late for that, too.

# Short List

TIME'S PICKS FOR THE WEEK



## 1 MOVIE Under the Sea 3D

Don't tell your kids that this film, narrated by Jim Carrey, is a documentary. Just take them to the nearest Imax. Because once they've put on the goofy glasses, the film's chambered nautilus, leafy sea dragon and amorous cuttlefish will so immerse them, they'll be holding their breath.

## 2 ALBUM Heroes

A charity covers album for children of war, with a twist: the songs are by legends (Dylan, U2, Bowie) who nominated younger artists to cover them. Top tracks: TV on the Radio's dance-floor version of "Heroes" and Duffy's refreshingly cheese-free "Live and Let Die."



## 3 DVD Two by Cassavetes: Shadows and Faces

He was indie before indie was cool. John Cassavetes' improv dramas *Shadows* (1959) and *Faces* (1968) trashed the niceties of Hollywood narrative and let actors stretch their Method muscles. To see the school Scorsese and Mike Leigh went to, check out these fine, angsty films.



## 4 THEATER Ruined

A brothel in war-torn Congo, run by the hard-bitten but benevolent Mama Nadi, is a haven for brutalized young women in Lynn Nottage's off-Broadway play. Based on her interviews with victims of the country's strife, it is both impassioned journalism and shattering drama.



## 5 DVD I Served the King of England

Forty years after his Oscar-winning *Closely Watched Trains*, Czech director Jiri Menzel again turns a Bohumil Hrabal novel set during World War II into a bubbly epic with a bitter undertaste. It's the year's funniest movie about a young guy falling in love with a Nazi babe.



## Arts Online

For more reviews and openings this weekend, go to [time.com/entertainment](http://time.com/entertainment)

By Richard Corliss, Belinda Luscombe, Josh Tyrangiel and Richard Zoglin



## Oliver Platt's Short List

He's a veteran television and movie actor, most recently on the silver screen as journalist Bob Zelnick in the Oscar-nominated *Frost/Nixon*. (His previous foray into presidential drama, as a White House counsel on *The West Wing*, won him an Emmy nomination.) Platt heads to Broadway in March to play the role of Nathan Detroit in *Guys and Dolls*. When he's not rehearsing how to shoot craps, here's what Platt is reading, watching and listening to.

### Absurdistan, by Gary Shteyngart

Shteyngart is a dazzlingly inventive writer. He's created this very funny, very sad character, a hopelessly lost globalist. And for me, who grew up in a lot of different cultures—my father was a career diplomat—I identified with his insecurity about a sense of place.

### Sufjan Stevens

This young singer writes achingly beautiful music. His lyrics are incredibly earnest, the kind of earnestness you have as a young guy in college when you live and die by your playlists—not that we had them then! In those days I'd have been embarrassed by this earnestness. But I find the older I get, the more I secretly crave it.

### Aaron Copland

With Obama's exaltation of Lincoln, I've been listening to Copland's orchestral work *A Lincoln Portrait*. His music is incredibly accessible but also very rooted in American folk songs.

### Damon Runyon

In researching the role for *Guys and Dolls*, which is based on short stories by Runyon, I read him for the first time. It was astonishing to realize that a guy from Kansas was able to create that New York patois and how much it influenced the way we speak.

### The Office (U.K. edition)

Ricky Gervais is one of the most interesting, talented comic minds working today.



Nancy

# Gibbs

## Queen of the Aisles. The recession may be killing the economy, but anyone with a wallet and a strategy feels like a royal

THE FIRST CLUE CAME WHEN I GOT MY HAIR CUT. THE stylist offered not just the usual coffee or tea but a complimentary nail-polish change while I waited for my hair to dry. Maybe she hoped this little amenity would slow the growing inclination of women to stretch each haircut to last four months while nursing our hair back to whatever natural color we long ago forgot.

Then there was the appliance salesman who offered to carry my bags as we toured the microwave aisle. When I called my husband to ask him to check some specs online, the salesman offered a pre-emptive discount, lest the surfing turn up the same model cheaper at Best Buy. That night, for the first time, I saw the Hyundai ad promising shoppers that if they buy a car and then lose their job in the next year, they can return it.

Suddenly everything's on sale—even silver linings. The upside to the downturn is the immense incentive it gives retailers to treat you like a queen for a day. During the flush times, salespeople were surly, waiters snobby, as though their *kanpachi* tartare with wasabi *tobiko* might be too good for the likes of you. But now the customer rules, just for showing up. There's more room to stretch out on the flight, even in coach. The malls have that serene aura of undisturbed wilderness, with scarcely a shopper in sight. Every conversation with anyone selling anything is a pantomime of pain and bluff. Finger the scarf, then start to walk away, and its price floats silkily downward. When the mechanic calls to tell you that brakes and a timing belt and other services will run close to \$2,000, it's time to break out the newly perfected art of the considered pause. You really don't even have to say anything pitiful before he'll offer to knock a few hundred dollars off.

Some places figured out that children, those adorable cash suckers, could clear a passage into our pocketbooks, beyond the old kids-eat-free-on-Tuesday promotions. Colorado's Aspen-Snowmass ski resort arranged for kids to fly free and threw in lift tickets for those accompanied by a paying adult.

Restaurants are caught in a fit of ardent hospitality, especially around Wall Street: Trinity Place offers \$3 drinks at happy hour any day the market goes down, with the slogan "Market tanked? Get tanked!"—which

ensures a lively crowd for the closing bell. The "21" Club has decided that men no longer need to wear ties, so long as they bring their wallets. Food itself is friendlier: you notice more comfort food, a truce between chef and patron that is easier to enjoy now that you can get a table practically anywhere. And tap water is fine, thanks. New York Times restaurant critic Frank Bruni characterizes the new restaurant demeanor as "extreme solicitousness tinged with outright desperation." "You need to hug the customer," one owner told him.

There's a chance that eventually we'll return all this kindness with the profligate spending the government once decried but now would like to harness to restart

the economy. But human nature is funny that way. In dangerous times, we clench and squint at the deal that looks too good to miss, suspecting that it must be too good to be true. Is the store with the supercheap flat screens going to go bust and thus not be there to honor the "free" extended warranty? Is there something... wrong... with that free cheese? Store owners will tell you horror stories about shoppers with attitude, who walk in demanding discounts and flaunt their new power at every turn. They wince as they sense bad

habits forming: Will people expect discounts forever? Will their hard-won brand luster be forever cheapened, especially for items whose allure depends on their being ridiculously priced?

There will surely come a day when things go back to "normal"; retail sales even inched up in January after sinking for the six months previous. But I wonder what it will take for us to see those \$545 Sigerson Morrison studded toe-ring sandals as reasonable? Bargain-hunting can be addictive regardless of the state of the Dow, and haggling is a low-risk, high-value contact sport. Trauma digs deep into habits, like my 85-year-old mother still calling her canned-goods cabinet "the bomb shelter." The children of the First Depression were saving string and preaching sacrifice long after the skies cleared. They came to be called the "greatest generation." As we learn to be decent stewards of our resources, who knows what might come of it? We have lived in an age of wanton waste, and there is value in practicing conservation that goes far beyond our own bottom line.





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